



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000002584 1. Entity Name ROSA/MARIA CHRISTIAN TEACHING CENTER, INC.						FILED 07 APR 27 AM 9:33 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1116 WEST ORANGE AVE. TALLAHASSEE, FL 32310				Mailing Address 2817 BARDSWOOD LANE TALLAHASSEE, FL 32310 US			
2. Principal Place of Business - No P.O. Box # 2817 BARDSWOOD LANE		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 04-099 092-02			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State TALLAHASSEE, FL		City & State		4. FEI Number 59-3174830		Applied For Not Applicable	
Zip 32305		Country USA		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WALKER, SHADRICK L 2817 BARDSWOOD LANE TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SHADRICK L 2817 BARDSWOOD LANE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$34/30		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SYLVIA L 2817 BARDSWOOD LANE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, DOROTHY 1035 OLD SHELL POINT RD. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINS, YVONNE 8631 WIDE ROAD TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200101573272 05/04/07--01009--010 **131.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JAMES 138 HUTCHINSON STREET TALLAHASSEE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JULIA 1338 HUTCHINSON STREET TALLAHASSEE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Shadrick L. Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 27 April 2007 850421-7523 <small>Daytime Phone #</small>			