

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004850

FILED
Jun 07, 2012
Secretary of State

Entity Name: SKILL DAY CENTER, INC.

Current Principal Place of Business:

1700 NW 17TH AVENUE
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5625
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-3343834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CALVIN
2387 W HWY 316
CITRA, FL 32113 US

Name and Address of New Registered Agent:

JONES, CALVIN DR.
2387 W HWY 316
CITRA, FL 32113 US

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.

SIGNATURE: DR. CALVIN JONES

06/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: JONES, CALVIN DR.
Address: 2387 W HWY 316
City-St-Zip: CITRA, FL

Title: AD
Name: JONES, CATHERINE DR.
Address: 2387 W HWY 316
City-St-Zip: CITRA, L

Title: ST
Name: YOPP, CECELIA DR.
Address: 2387 W. HWY 316
City-St-Zip: CITRA, FL 32113

Title: BM
Name: JONES, JANET MRS.
Address: 2009 SW 7TH STREET
City-St-Zip: OCALA, FL

Title: BM
Name: WHIPPER, ALLISON MISS
Address: 2210 NW 24TH ROAD
City-St-Zip: OCALA, FL 34475

Title: B
Name: WILLIAMSON, CALVIS A MS.ED.L
Address: 19760 SW EAGLE DR.
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. CALVIN JONES

D

06/07/2012

Electronic Signature of Signing Officer or Director

Date