

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000004982

FILED
Oct 19, 2009
Secretary of State

Entity Name: FAMILY CHRISTIAN ACADEMY, INCORPORATED

Current Principal Place of Business:

14635 GREATER PINES BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 789
PLEASANT VIEW, TN 37146

New Mailing Address:

FEI Number: 62-1469719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCARLATA, BELINDA
14635 GREATER PINES BLVD
CLERMONT, FL 34711 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: BELINDA SCARLATA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCARLATA, BELINDA
Address: 14635 GREATER PINES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: SCARLATA, RONALD
Address: 487 MYATT DR
City-St-Zip: MADISON, TN 37115

Title: VD () Delete
Name: CARDEN, THOR
Address: 487 MYATT DR
City-St-Zip: MADISON, TN 37115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SCARLATA, RONALD
Address: 925 INDUSTRIAL
City-St-Zip: OLD HICKORY, TN 37128

Title: VD (X) Change () Addition
Name: CARDEN, THOR
Address: 925 INDUSTRIAL DR
City-St-Zip: OLD HICKORY, TN 37138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD SCARLATA

PD

10/19/2009

Electronic Signature of Signing Officer or Director

Date