

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001693

FILED
Oct 30, 2008
Secretary of State

Entity Name: PIERIAN SPRING ACADEMY, INC.

Current Principal Place of Business:

29 ST JOHN BLVD
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12222
SARASOTA, FL 34230 US

New Mailing Address:

P.O. BOX 1222
SARASOTA, FL 34230 US

FEI Number: 65-0836977 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:

CARLSON, ROBERT V
29 ST JOHN BLVD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: ROBERT V. CARLSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLSON, ROBERT V
Address: 29 ST JOHN BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: PT () Delete
Name: HOERR, EWARD
Address: 7213 CHURSTON AVE
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: T () Delete
Name: CUDWORTH, ALLEN
Address: 4621 CHANDLERS FORDE
City-St-Zip: SARASOTA, FL 34235

Title: VP () Delete
Name: DEGENARO, MARY JANE
Address: 1225 N. GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: BROWN, LARRY
Address: 7326 EATON CT
City-St-Zip: BRADENTON, FL 34201

Title: T (X) Delete
Name: FLYNN, BRIAN
Address: 7348 EATON COURT
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PT (X) Change () Addition
Name: IDZIK, DANIEL
Address: 3030 GRAND BAY BLVD. #393
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

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

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

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: LARRY G. BROWN

TRES

10/30/2008

Electronic Signature of Signing Officer or Director

Date