

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 098000004946

1. Corporation Name

CHANGE AGENT PROGRAMS INC  
5850 WIND HOVER DRIVE  
ORLANDO FL 32819

2. Principal Office Address

3. Mailing Office Address

5850 Windhover Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32819

USA

100006597471--8

-07/23/02--01070--024

\*\*\*122.50 \*\*\*122.50

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BYRON RAMBO

Street Address (P.O. Box Number is Not Acceptable)

655-1 WEST FULTON ST

Suite, Apt. #, Etc.

City

SAN FERN

State  
FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1 June 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Charlotte Jones	5850 WIND HOVER DR	ORL FL 32819
D	MARGARET DAVIS	1365 HUBBARD AVE	WTR PK FL 32789
D	NORD SEVILK	3908 MAGAZINE ST	N.O., LA 70115
D	Louise Billingslea	4837 INDIAN LANTIC DR	ORL FL 32808
D	MARTHA MARINATA	1806 SEPTER DR	ORL FL 32817

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-322-0991

Acting Secretary June 2002

CR2E081 (9/01)