## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004860

Entity Name: MOUNTAINTOP INSTITUTE, INC.

FILED Oct 03, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8923 HAMPTON LANDING DRIVE EAST
JACKSONVILLE, FL 32256

100 FESTIVAL PARK AVE
JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

PO BOX 55049

JACKSONVILLE, FL 32255

FEI Number: 59-3689828 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:

ROLLINS, BRYANT

8923 HAMPTON LANDING DRIVE EAST
JACKSONVILLE, FL 32256 US

BARCELO, BRUCE
1815 OLEVIA STREET
JACKSONVILLE, FL 32207 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: BRUCE BARCELO 10/03/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: CEO (X) Change ( ) Addition

Name: ROLLINS, BRYANT Name: ROLLINS, BRYANT

 Address:
 8923 HAMPTON LANDING DRIVE EAST
 Address:
 PO BOX 550549

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32255

Title: VPST () Delete Title: VP (X) Change () A

 Title:
 VPST () Delete
 Title:
 VP (X) Change () Addition

 Name:
 STETSON, SHIRLEY B
 Name:
 STETSON, SHIRLEY B

 Address:
 9328 ARBOLITA WAY
 Address:
 8923 HAMPTON LANDING DR E

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 BARCELO, BRUCE

 Address:
 Address:
 1815 OLEVIA ST

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 HARRISON, GARNETT

 Address:
 Address:
 7631 NORTH PEARL ST

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32208

 $\label{eq:title:DIR} \mbox{Title:} \qquad \mbox{DIR} \qquad \mbox{( ) Change (X) Addition}$ 

 Name:
 Name:
 MCELROY, PAUL

 Address:
 Address:
 21 W CHURCH ST

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

Name: Name: THOMAS, HENRY

Address: Address: 4567 ST JOHNS BLUFF RD SOUTH City-St-Zip: JACKSONVILLE, FL 32224

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: BRYANT ROLLINS CEO 10/03/2007