

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000067388

FILED
Sep 24, 2005
Secretary of State

Entity Name: ABUNDANT JOY FAMILY HOME DAY CARE INC.

Current Principal Place of Business:

436 ACME STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

436 ACME STREET
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 81-0624020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, TARA B
436 ACME STREET
JACKSONVILLE, FL 32211 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: TARA B MCDANIEL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MC DANIEL, TARA B
Address: 436 ACME STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: V () Delete
Name: MC DANIEL, ANTHONY
Address: 436 ACME STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: V () Delete
Name: SWAIN, ELLAFAIR
Address: 11796 TUNBLEWEED WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: HESTER, LLOYD
Address: 8120 GRAMPELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: BROWN, BEVERLY
Address: 11133 ARISTIDES WAY
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA B MCDANIEL

D

09/24/2005

Electronic Signature of Signing Officer or Director

Date