2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 07, 2008
Secretary of State

DOCUMENT# P07000007023

Entity Name: CLPA LEARNING CENTERS, INC.

Current Principal Place of Business:

8386 BAYMEADOWS ROAD
STE 5,6,7
JACKSONVILLE, FL 32259

New Principal Place of Business:

8629 PHILLIPS HWY.
STE. #4
JACKSONVILLE, FL 32256

Current Mailing Address:

8386 BAYMEADOWS ROAD
STE 5,6,7
JACKSONVILLE, FL 32259

New Mailing Address:

8629 PHILLIPS HWY.
STE. #4
JACKSONVILLE, FL 32256

FEI Number: 20-8251231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, CHRISTINA
8386 BAYMEADOWS ROAD
STE 5,6,7
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

NELSON, CHRISTINA
8629 PHILLIPS HWY
STE. #4
JACKSONVILLE, FL 32256 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: CHRISTINA NELSON 11/07/2008
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: PD ( ) Delete
Name: NELSON, CHRISTINA
Address: RT 1 BOX 6030
City-St-Zip: ST GEORGE, GA 31562

Title: VPD ( ) Delete
Name: CORDY, RONALD JR.
Address: RT 1 BOX 6030
City-St-Zip: ST GEORGE, GA 31562

Title: SD ( ) Delete
Name: PASTORI, THOMAS
Address: 7 ECHO SANDS
City-St-Zip: PALM COAST, FL 32164

Title: TD ( ) Delete
Name: KIMBLE, DAVID
Address: 4088 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA NELSON PD 11/07/2008
Electronic Signature of Signing Officer or Director Date