

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001778

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** COLOMBIA CHILDCARE INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

4340 CLOVERCREST DR  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1757  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 16-1630704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAEGER, CYNTHIA  
4340 CLOVERCREST DR  
NEW SMYRNA BEACH, FL 32168 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAYLOR, DAVID REV  
Address: PO BOX 1757  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: STD ( ) Delete  
Name: JAEGER, CYNTHIA MRS  
Address: PO BOX 1757  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D ( ) Delete  
Name: COOPER, CHUCK MR  
Address: 345 E. LAKE AVE.  
City-St-Zip: LONGWOOD, FL 32750

Title: VPD ( ) Delete  
Name: SCONNELY, CARL MR  
Address: 620 DOUGLAS AVE., STE 1312  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete  
Name: WILLIS, DAVID DR  
Address: 1403 HIGH GROVE WAY  
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete  
Name: JOHN, JAEGER MR  
Address: P.O. BOX 11152  
City-St-Zip: DAYTONA BEACH, FL 32120

**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:

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: CYNTHIA JAEGER

DIR

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date