2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N05000010554

Entity Name: SHARON CONCEPCION'S N'SPIRATIONS YOUTH MUSEUM & CAREER LEARNING CENTER, INC.

Current Principal Place of Business:

5800-203 BCH BLVD.
190
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

5800-203 BEACH BLVD
SUITE 190
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 84-1692346 **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:

CONCEPCION, SHARON
4950 RICHARD ST., #103
JACKSONVILLE, FL 32207 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:	P	( ) Delete
Name:	CONCEPCION, SHARON	
Address:	4950 RICHARD ST., #103	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	S	( ) Delete
Name:	PONDER, CLAUDINE	
Address:	7701 TIMBERLINE PARK BLVD	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	T	( ) Delete
Name:	WILSON, FRED	
Address:	7717 LEESBURG DR. SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:	D	( ) Delete
Name:	PEARSON, MICHAEL	
Address:	4464 COMMANDE TRAIL BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32259 US	
Title:	D	( ) Delete
Name:	JONES, FREIDA	
Address:	4950 RICHARD STREET #102	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	D	( ) Delete
Name:	THOMAS, CYNTHIA	
Address:	12232 PEACH ORCHARD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32223 US	

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: SHARON CONCEPCION MS. 06/26/2009

Electronic Signature of Signing Officer or Director — Date