

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078399

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: HEAVENLY ANGELS PRESCHOOL AND LEARNING CENTER INC.

## Current Principal Place of Business:

2015 LAKE BRADFORD RD.  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

2042 LAKE BRADFORD RD.  
TALLAHASSEE, FL 32303

## Current Mailing Address:

2015 LAKE BRADFORD RD.  
TALLAHASSEE, FL 32303

## New Mailing Address:

2042 LAKE BRADFORD RD.  
TALLAHASSEE, FL 32303

FEI Number: 32-0261832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, NORMA  
114 TOTEM TRAIL  
TALLAHASSEE, FL 32317 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAYLOR, NORMA  
Address: 2015 LAKE BRADFORD RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V (X) Delete  
Name: WILLIAMS, WILLIE  
Address: 2015 LAKE BRADFORD RD.  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TAYLOR, NORMA  
Address: 2042 LAKE BRADFORD RD.  
City-St-Zip: TALLAHASSEE, FL 32303

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: NORMA TAYLOR

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date