

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90013 021 ****70.00

DOCUMENT # 743793 1. Entity Name FAM-CO LEARNING AND DEVELOPMENT, INC.					
Principal Place of Business 8671 LEM TURNER RD. JACKSONVILLE, FL 32208			Mailing Address 8671 LEM TURNER RD. JACKSONVILLE, FL 32208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1867609	
5. Certificate of Status Desired ☒ CR2E037 (10/03)				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SILVER, RHONDA 230 E. 1ST STREET #709 JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name HAYWOOD, NELSON Street Address (P.O. Box Number is Not Acceptable) 484 W 61ST ST City JACKSONVILLE FL Zip Code 32208		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable.		PRESIDENT/DIRECTOR (NOTE: Registered Agent signature required when reinstating)		3/19/05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVER, RHONDA 1740 PARKWOOD STREET JACKSONVILLE, FL 32207	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYWOOD, NELSON 484 W 61ST ST JACKSONVILLE, FL 32208	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI WILLIAMS, LEE EDNA 4003 SPIRES AVENUE JACKSONVILLE, FL 32209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TONY, LARRY 484 W 61ST ST JACKSONVILLE, FL 32208	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYWOOD, NELSON 1740 PARKWOOD STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S FLORA FEGGINS PETERSON 8130 VILLAGE GATE CT JACKSONVILLE, FL 32217	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHTOWER, CISELY 3556 COLDEN COVE TRAIL JACKSONVILLE, FL 32211	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		DIRECTOR President		3/19/05 Date	9047669407 Daytime Phone #