

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010554

FILED  
Jun 26, 2009  
Secretary of State

**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