

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729570

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CHILDREN'S EDUCATION CENTER OF THE ISLAND'S, INC.

**Current Principal Place of Business:**

350 CASA YBEL ROAD  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

350 CASA YBEL ROAD  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 59-1533336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YATES, JANA  
350 CASA YBEL ROAD  
SANIBEL, FL 33957 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  
**Name:** MURRAY, MICHAEL  
**Address:** 350 CASA YBEL ROAD  
**City-St-Zip:** SANIBEL, FL 33957

**Title:** VPD  
**Name:** KINDT-STIRNER, BETH  
**Address:** 350 CASA YBEL ROAD  
**City-St-Zip:** SANIBEL, FL 33957

**Title:** SD  
**Name:** PHOENIX, LISA  
**Address:** 350 CASA YBEL ROAD  
**City-St-Zip:** SANIBEL, FL 33957

**Title:** TD  
**Name:** WEIGEL, BETH  
**Address:** 350 CASA YBEL ROAD  
**City-St-Zip:** SANIBEL, FL 33957

**Title:** D  
**Name:** YATES, JANA  
**Address:** 350 CASA YBEL ROAD  
**City-St-Zip:** SANIBEL, FL 33957

I hereby 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 all other like empowered.

**SIGNATURE:** JANA YATES

D

01/05/2010

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

\_\_\_\_\_  
Date