

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010554

FILED  
Apr 27, 2010  
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:**

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

**FEI Number:** 84-1692346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONCEPCION, SHARON  
4950 RICHARD ST., #103  
JACKSONVILLE, FL 32207 US

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

CONCEPCION, SHARON PRESIDE  
4950 RICHARD ST., #103  
JACKSONVILLE, FL 32207 US

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: SHARON L. CONCEPCION

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONCEPCION, SHARON PRESIDE  
Address: 4950 RICHARD ST., #103  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP  
Name: WILSON, FRED VP  
Address: 4050 RETFORD ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: ROSIER, WAYNE DIRECTO  
Address: 5000 CULBERTH WAY  
City-St-Zip: TAMPA, FL 33611 US

Title: D  
Name: CHESTNUT, ANTONIO DIRECTO  
Address: 1300 S. W. 82ND TERRECE - UNIT 314  
City-St-Zip: PLANTATION, FL 33324 US

Title: D  
Name: DAVIS, MACEL DIRECTO  
Address: 9670 WHITTINGTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: SHARON L. CONCEPCION

P

04/27/2010

Electronic Signature of Signing Officer or Director

Date