

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 10, 2011
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 BCH BLVD.
190
JACKSONVILLE, FL 32207 US

New Mailing Address:

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 PRESIDE
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
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 CONCEPCION

PRES

04/10/2011

Electronic Signature of Signing Officer or Director

Date