

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002560

**Entity Name:** PRECIOUS JEWELS ACADEMY LEARNING CENTER, INC.

**Current Principal Place of Business:**

3057 31ST WAY  
SARASOTA, FL 34234

**Current Mailing Address:**

P. O. BOX 3085  
SARASOTA, FL 34230

**FEI Number: 73-1685567**

**Certificate of Status Desired: No**

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

MATHIS, ANGELA C  
3057 31ST WAY  
SARASOTA, FL 34234 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D P  
Name MATHIS, ANGELA C  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title D  
Name CAMPBELL, CELESTINE  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title D VP  
Name GIBBONS, ARCHIE JR.  
Address 710 LEE STREET  
City-State-Zip: KISSIMMEE FL 34741

Title COO  
Name CAMPBELL, LEON  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title CFO  
Name WHITE, ANGELA  
Address 2550 22ND STREET  
City-State-Zip: SARASOTA FL 34234

Title EXECUTIVE SECRETARY  
Name GIBBONS, CAROLYN L  
Address 3057 31ST WAY  
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR  
Name GIBBONS, EVELYN R  
Address 3057 31ST WAY  
City-State-Zip: SARASOTA FL 34234

Title COO  
Name CROCKETT, MICHELE  
Address 1300 MANATEE AVENUE EAST  
City-State-Zip: BRADENTON FL 34208

**Continues on page 2**

*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: ANGELA MATHIS**

**PRESIDENT**

**04/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GIBBONS, VICTOR  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title OTHER  
Name BAKER, KING  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title OTHER  
Name PAIGE, MIA  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title ASST. SECRETARY  
Name SMITH, GAIL  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title OTHER  
Name SPENCER, MILDRED  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title OFFICER  
Name MARTINEZ, MARISOL  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230

Title OFFICER  
Name ALICIA, PHILLIPS  
Address P. O. BOX 3085  
City-State-Zip: SARASOTA FL 34230