

**2014 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: Yes**

**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 3117 47TH STREET  
City-State-Zip: SARASOTA FL 34234

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

Title D  
Name CAMPBELL, LEON  
Address 3117 47TH STREET  
City-State-Zip: SARASOTA FL 34234

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

Title D  
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

*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 C MATHIS**

**PRESIDENT**

**03/31/2014**

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

\_\_\_\_\_  
Date