

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010246

**Entity Name:** A SHINING STARS EARLY LEARNING CENTER INC**Current Principal Place of Business:**101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741**Current Mailing Address:**101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741**FEI Number:** 90-0699661**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUGHES DEBOSE, MARY EMRS.  
101 WEST CYPRESS ST  
UNIT D  
KISSIMMEE, FL 34741 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	P
Name	HUGHES DEBOSE, MARY E
Address	101 WEST CYPRESS ST UNIT D
City-State-Zip:	KISSIMMEE FL 34741

Title	VP
Name	DEBOSE, ANDREW JR.
Address	101 WEST CYPRESS ST UNIT D
City-State-Zip:	KISSIMMEE FL 34741

Title	SECRETARY
Name	HUGHES, CHRISTINA D
Address	1410 EMMETT ST
City-State-Zip:	KISSIMMEE FL 34741

Title	TREASURER
Name	HUGHES, HANNAH
Address	1410 EMMETT ST
City-State-Zip:	KISSIMMEE FL 34741

Title	DIRECTOR
Name	GONZALEZ, PATRICIA D
Address	1612 KENDRICK DR. APT B
City-State-Zip:	KISSIMMEE FL 34744

*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:** MARY HUGHES DEBOSE**DIRECTOR****02/08/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date