

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006446

**FILED**  
**May 16, 2014**  
**Secretary of State**  
**CC4752854037**

**Entity Name:** ALL ABOUT ABC'S LEARNING CENTER, INC.

**Current Principal Place of Business:**

1298 DREXEL ROAD  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

1298 DREXEL ROAD  
WEST PALM BEACH, FL 33417

**FEI Number:** 46-3154612

**Certificate of Status Desired:** Yes

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

STACEY, NICOLE  
1298 DREXEL ROAD  
WEST PALM BEACH, FL 33417 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 PCEO  
Name STACEY, NICOLE  
Address 1298 DREXEL ROAD  
City-State-Zip: WEST PALM BEACH FL 33417

Title COO  
Name ELEY, WANDA  
Address 3421 N. AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name CADE, GLORIA  
Address 760 EXECUTIVE CENTER DRIVE APT 33  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name TURNER, MARGIE J  
Address 2022 BOYNTON BAY COURT  
City-State-Zip: BOYTON BEACH FL 33411

Title D  
Name POSTELL, ANNIE  
Address 3421 NORTH AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name MANUEL, CARLA  
Address 1122 11TH STREET APT B  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** NICOLE STACEY

**EXECUTIVE DIRECTOR**

**05/16/2014**

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

\_\_\_\_\_  
Date