

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006446

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9201280858**

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

**Current Principal Place of Business:**

819 SE BAHAMA AVENUE  
STUART, FL 34994

**Current Mailing Address:**

821 SE BAHAMA AVENUE  
STUART, FL 34994 US

**FEI Number: 46-3154612**

**Certificate of Status Desired: Yes**

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

STACEY, NICOLE  
819 SE BAHAMA AVENUE  
STUART, FL 34994 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 819 SE BAHAMA AVENUE  
City-State-Zip: STUART FL 34994

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

Title CHAIRMAN  
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 11025 STONE CREEK STREET  
City-State-Zip: WELLINGTON FL 33449

Title SECRETARY  
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**

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date