

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006446

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