## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000029032

Entity Name: FRUIT OF THE SPIRIT CHILD CARE, INC.

**Current Principal Place of Business:** 

1615 5TH STREET S.E. WINTER HAVEN, FL 33880

**Current Mailing Address:** 

P.O. BOX 4293

WINTER HAVEN. FL 33885 US

FEI Number: 45-4954570 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECRESIE, ANTHONY 6039 CYPRESS GARDENS BLVD SUITE 215 WINTER HAVEN, FL 33884 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

FILED Sep 19, 2013

**Secretary of State** 

CC5667735097

Officer/Director Detail:

Title P Title VP

NameWILSON, CHARLES ASRNameWILSON, CHERYLAddress207 BLACKCLOUD LANEAddress203 KAYLOR DRIVECity-State-Zip:DAVENPORT FL 33837City-State-Zip:AUBURNDALE FL 33823

Title T, S

Name COLLINS, BEVERLY A Address 231 CLINTON ST.

City-State-Zip: AUBURNDALE FL 33823

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES A WILSON SR

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

09/19/2013

Date