

**2019 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  
2424 ARBORWOOD DRIVE  
VALRICO, FL 33596 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            PRESIDENT  
Name            WILSON, CHERYL  
Address        203 KAYLOR DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title            ST  
Name            COLLINS, TALEKA  
Address        3013 JASMINE RD  
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:** CHERYL WILSON

**PRESIDENT**

**04/23/2019**

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

\_\_\_\_\_  
Date