

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

112

FILED

2006 OCT 11 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-1376048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MONA
450 JENKS AVENUE
PANAMA CITY, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mona Johnson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/06--01011--006 **\$1.25

10/6/06
DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, ELIZABETH	
STREET ADDRESS	221 MCKENZIE AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SOWELL, JERRY	
STREET ADDRESS	626 LUVERNE AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONNER, KEITH	
STREET ADDRESS	450 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JAY	
STREET ADDRESS	450 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYO, CLINT	
STREET ADDRESS	450 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	THREATT, REATHA	
STREET ADDRESS	450 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Brown	
STREET ADDRESS	2909 Country Club Drive	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Warner	
STREET ADDRESS	P.O. Box 1820	
CITY-ST-ZIP	Panama City, FL 32402	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Edward Wright	
STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	Panama City, FL 32406	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Hall	
STREET ADDRESS	807 Buena Vista Blvd.	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clint Mayo	
STREET ADDRESS	2916 Fairmont Dr.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Retha Threatt	
STREET ADDRESS	1022 W. 23rd St.	
CITY-ST-ZIP	Panama City, FL 32405	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Hall

Date

Daytime Phone #

850-785-3866

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Additional Early Education and Care, Inc. Board of Directors:

Title: D
Name: Jeannette Chapman
Address: 3417 Robinson Bayou Circle
City/State/Zip: Panama City, FL 32405

Title: D
Name: Dr. Paula Johnson
Address: 1616 Country Club Drive
City/State/Zip: Lynn Haven, FL 32444

Title: D
Name: Bernice McSpadden
Address: 2919 Country Club Drive
City/State/Zip: Lynn Haven, FL 32444

Title: D
Name: Alvin Peters
Address: 25 E. 8th Street
City/State/Zip: Panama City, FL 32401