

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729245

FILED
Jul 01, 2005
Secretary of State

Entity Name: ALL SAINTS EARLY LEARNING AND COMMUNITY CARE CENTER, INC.

Current Principal Place of Business:

4171 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4171 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1500774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, ANN
3530 NEWCASTLE CREEK DRIVE
JACKSONVILLE, FL 32277 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, ANN
Address: 3530 NEWCASTLE CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: T () Delete
Name: DATRES, CATHERINE
Address: 1824 CORNELL ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S () Delete
Name: MARNIE, JONES
Address: 7866 TURNSTONE CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D () Delete
Name: PEARCE, GILLIAN
Address: 8623 SANCHEZ ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D () Delete
Name: VIRGINIA, MAHAR
Address: 4348 BALLINGER DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MERCIER, LEE
Address: 1956 LARGO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIAN WILCHER

DIR.

07/01/2005

Electronic Signature of Signing Officer or Director

Date