

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729245

FILED
Aug 13, 2007
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:

WHITE, PHILIP T
4171 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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: DEPPE, THOMAS W
Address: 4171 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T () Delete
Name: DATRES, MIKE
Address: 2859 CASA DEL RIO TERRACE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D () Delete
Name: DEPPE, THOMAS W
Address: 4171 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: WHITE, PHILIP T
Address: 4171 HENDRICKS A VENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: WETMORE, MALISA
Address: 1551 KINGSWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: ADAMS, JUDI
Address: 3435 HENDRICKS AVE
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: D (X) Change () Addition
Name: SCARBOR, DIANNE
Address: 1128 MAPLETON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILIP WHITE

D

08/13/2007

Electronic Signature of Signing Officer or Director

Date