# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2008**
**Secretary of State**

DOCUMENT# 729245

**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:**

WHITE, PHILIP T
4171 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

WILCHER, MARIAN D
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: MARIAN WILCHER 07/08/2008
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 (X) Delete
Name: SCARBOR, DIANNE
Address: 1128 MAPLETON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) 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: D (X) Change ( ) Addition
Name: WILCHER, MARIAN
Address: 4171 HENDRICKS A VENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

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 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: MARIAN WILCHER D 07/08/2008
Electronic Signature of Signing Officer or Director Date