

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729570

FILED
Jan 12, 2009
Secretary of State

Entity Name: CHILDREN'S EDUCATION CENTER OF THE ISLAND'S, INC.

Current Principal Place of Business:

350 CASA YBEL ROAD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

350 CASA YBEL ROAD
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1533336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, JANA
350 CASA YBEL ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: CHRISTIE, KAREN
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: VPD () Delete
Name: SPRECHER, MILISSA
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: GERLACH, LIZ
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: SIMMONDS-SHORT, HEIDI
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: YATES, JANA
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUENCH, JESSICA
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: VPD (X) Change () Addition
Name: MURRAY, MICHAEL
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: SD (X) Change () Addition
Name: PHOENIX, LISA
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

Title: TD (X) Change () Addition
Name: WEIGEL, BETH
Address: 350 CASA YBEL ROAD
City-St-Zip: SANIBEL, FL 33957

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: JANA YATES

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date