2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730480

Jul 23, 2008 Secretary of State

Entity Name: HOLY TRINITY CHILD CARING CENTER OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1503 NW 16TH AVENUE GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

1503 NW 16TH AVENUE 100 NE FIRST STREET GAINESVILLE, FL 32605 US GAINESVILLE, FL 32601

FEI Number: 59-1558791 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.

US

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

CASTELLO, WAYNE P 321 SW 26TH STREET US GAINESVILLE, FL 32607

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

() Delete (X) Change () Addition WEITZ, ANDREW HAEKER, HOWARD Name: Name: 15707 NW SR 45 Address: 2416 NW 37TH TERRACE Address:

City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete Title: (X) Change () Addition Name: RENEKE, REBEKAH Name: RENEKE, REBEKAH Address: 4402 NW 22 TERR Address: 3100 NW 14TH STREET City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete Title: (X) Change () Addition

CAUTHON, MARGARET LOCH, LOUANNE Name: Name: 5212 SW 86 TERR 2336 NW 27TH LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32605

Title: DS () Delete Title: DS (X) Change () Addition

Name: ELLIS, DILON Name: PATTERSON, KAY 1705 NW 22ND TERRACE Address: 11126 NW 19 AVENUE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32605

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: REBEKAH L. RENEKE D 07/23/2008