2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# 730480

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

Current Principal Place of Business:

1503 NW 16TH AVENUE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

100 NE FIRST STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-1558791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CASTELLO, WAYNE P
321 SW 26TH STREET
GAINESVILLE, FL 32607 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: HAEKER, HOWARD
Address: 2416 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: RENEKE, REBEKAH
Address: 3100 NW 14TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: LOCH, LOUANNE
Address: 2336 NW 27TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: DS ( ) Delete
Name: PATTERSON, KAY
Address: 1705 NW 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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:

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 06/04/2009

Electronic Signature of Signing Officer or Director — Date