# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2009**
**Secretary of State**

DOCUMENT# 743793

**Entity Name:** FAM-CO LEARNING AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

1720 W. 5TH ST.
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1720 W. 5TH ST.
JACKSONVILLE, FL 32209

**New Mailing Address:**

8050 103RD ST.
D13
JACKSONVILLE, FL 32210

**FEI Number: 59-1867609** **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:**

IN CORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 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: D ( ) Delete
Name: ROBINSON, VALERIE
Address: 1720 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: JORDAN, JEMILA
Address: 1720 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: DOZIER, WILENE
Address: 1720 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: SHEPARD, CORA L
Address: 1720 W. 5TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

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: WILENE DOZIER D 05/06/2009

Electronic Signature of Signing Officer or Director — Date