

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90049 002 ***138.75

DOCUMENT # L07000005513

1. Entity Name
FREDDIE G. KING EARLY LEARNING CENTER LLC



Principal Place of Business
**1300 NORTH GUILLEMARD STREET
PENSACOLA, FL 32501**

Mailing Address
**1300 NORTH GUILLEMARD STREET
PENSACOLA, FL 32501**

50010157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

711020829

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, DAWN M
5525 CACTUS ROAD
PENSACOLA, FL 32503~~

Name **Karen J. Donson**

Street Address (P.O. Box Number is Not Acceptable)

1821 E. Hatton St.

City **Pensacola**

FL Zip Code **32503**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Karen J. Donson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

August 28, 2008

DATE

**FILE NOW!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREATER UNION BAPTIST CHURCH INC.
1300 NORTH GUILLEMARD STREET
PENSACOLA, FL 32501** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KING, HUGH G REV
1007 NORTH PALAFOX
PENSACOLA, FL 32501** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POGUE, DELARIAN DEACON
1122 GERMAIN STREET
PENSACOLA, FL 32534** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOTT, SAMUEL DEACON
305 TEXAR DRIVE
PENSACOLA, FL 32503** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WATSON, JEROME DEACON
1520 TEMPLEMORE DRIVE
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Jerome Watson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/28/08 (850) 2071639

Date

Daytime Phone #