2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # N00000001119

1. Entity Name
THE EXCELLENT CHILD LEARNING CENTER AND GREATGOD ANOINTED WORD CENTER, INC.

Principal Place of Business	Mailing Address
790 WOODBINE WAY 724 PALM BEACH GARDENS, FL 33418	P.O. BOX 3764 W. PALM BEACH, FL 33402

08072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0932912
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, DELORES E DR.PH.D
790 WOODBINE WAY
PALM BEACH GARDENS, FL 33418

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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 Delores Turner Delores Turner, PhD 8/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	TURNER, DELORES E
STREET ADDRESS	790 WOODBINE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	SD
NAME	JOE, MELINDA
STREET ADDRESS	380 W. 28TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	TD
NAME	JOE, MELLO
STREET ADDRESS	909 29TH STREET
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	D
NAME	WILEY, MELISSA
STREET ADDRESS	2959 W. 31ST STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	JOE, MIRIAM
STREET ADDRESS	410 W. 27TH STREET
CITY-ST-ZIP	W. PALM BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/07-80009-015 61.25

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delores Turner Delores Turner 8/9/07 (541)512-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #