

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 008 ****61.25

DOCUMENT # N00000006556 1. Entity Name CHILDHOOD ENRICHMENT CENTER, INC.					
Principal Place of Business 7715 WESTMORELAND DR SARASOTA, FL 34243			Mailing Address 7715 WESTMORELAND DR SARASOTA, FL 34243		
2. Principal Place of Business 833 Magellan Dr. Suite, Apt. #, etc. Sarasota, FL 34243 City & State		3. Mailing Address 6431 Jackie Lynn Ct. Suite, Apt. #, etc. Sarasota, FL City & State 34241 Zip		05022005 Chg-NP CR2E037 (10/03)	
Country USA		Country USA		4. FEI Number 65-1054425	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ORDET, KIRSTINA 7715 WESTMORELAND DR SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6431 Jackie Lynn Ct. Sarasota City FL Zip Code 34241		
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 <u>Kirstina Ordetx</u> Kirstina Ordetx CEO/President 805-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ORDET, KRISTINA 7715 WESTMORELAND DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, MOLLY 1747 MEADOWOOD ST SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, CARL 2022 OLD TREVOR WAY SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Beth Hudson 6859 Arca Blvd. Sarasota, FL 34241	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Kirstina Ordetx</u> 08-08-05 941-922-9111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					