

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 041 ****70.00

DOCUMENT # N00000006795

1. Entity Name
**GROWING UPWARD DEVELOPMENTAL PRESCHOOL,
INC.**



Principal Place of Business
**6336 RENELLIE CT
TAMPA, FL 33616**

Mailing Address
**6336 RENELLIE CT
TAMPA, FL 33616**

2. Principal Place of Business

14018 North Boulevard

Suite, Apt. #, etc.

3. Mailing Address

14018 North Boulevard

Suite, Apt. #, etc.



07062004

Chg-NP

CR2E037 (10/03)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3687849

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMAN, JEFFREY A
14502 N DALE MABRY HWY, STE 300
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, CHERYL	
STREET ADDRESS	6336 RENELLIE CT	
CITY-ST-ZIP	TAMPA, FL 33616	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CHRISTY	
STREET ADDRESS	11505 LAKE RIDGE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, LIA	
STREET ADDRESS	1106 W WOODLAWN AVE	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Cheryl	
STREET ADDRESS	2517 Westhigh Avenue	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gestiehr, Christine	
STREET ADDRESS	12423 North Armenia Avenue	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cheryl A. Green* **Cheryl A. Green** **7/8/04** **813-503-6494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #