

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007263

FILED
Feb 18, 2008
Secretary of State

Entity Name: HEAVENLY DAYS CHILD CARE, INC.

Current Principal Place of Business:

3158 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3158 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3676006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETFORD, MARCIA L
2785 EDENDERRY DR.
TALLAHASSEE, FL 32309 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: TD () Delete
Name: PETFORD, MARCIA L TREAS.
Address: 2785 EDENDERRY DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD () Delete
Name: KIDD, HEATHER CHAIR
Address: 6616 REIGH COUNT TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: DIXON, JEANNIE SECRETY
Address: 2975 COMPTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: KEATING, COCHRAN VICE CH
Address: 3013 TIPPERARY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: NESMITH, JOHN DIRECTR
Address: 4914 BALLYGAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: SMITH, SALLY DIRECTR
Address: 3454 LENNOX MILL
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: VOIGT, EMILY DIRECTR
Address: 2643 YARMOUTH LANE
City-St-Zip: TALLAHASSEE, FL 32309

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: MARCIA L. PETFORD

TD

02/18/2008

Electronic Signature of Signing Officer or Director

Date