2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N01000004953

Entity Name: EAGLES NEST ACADEMY CHILD CARE CENTER, INC.

Current Principal Place of Business:

5353 45TH ST.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5353 45TH ST.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1128473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOYSTON, CAMILLE G
4975 SABLE PINE CIRCLE #A2
WEST PALM BEACH, FL 33417

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: PTD ( ) Delete
Name: WILLIAMS, LILIETH J
Address: 5353 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete
Name: SANDERSON, SHERLENE
Address: 1212 ROSEBYD CANE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: WILLIAMS, DENISE
Address: 8875 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD ( ) Delete
Name: BLACKWOOD, FEDOYO
Address: 1620 BALFOUR POINT DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILIETH WILLIAMS PTD 04/29/2004

Electronic Signature of Signing Officer or Director — Date