

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2011  
Secretary of State**

DOCUMENT# N01000005284

Entity Name: JAYCARE ENRICHMENT ACADEMY, INC.

**Current Principal Place of Business:**

4609 HORTON RD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

4609 HORTON RD  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 59-3737242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRUFF, JOYCE D  
4990 NESMITH RD  
PLANT CITY, FL 33567      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: PD  
Name: MCGRUFF, JOYCE D  
Address: 4990 NESMITH RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D  
Name: GRAY, ELLA R  
Address: 4609 HORTON ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: D  
Name: SALES, ROBERTA  
Address: 1315 FOREST PARK STREET  
City-St-Zip: LAKELAND, FL 33802

I hereby 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 all other like empowered.

SIGNATURE: JOYCE D. MCGRUFF

PD

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date