


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006029 1. Entity Name YVONNE C. REED CHRISTIAN SCHOOL, INC.	
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Principal Place of Business 1661 25TH AVE. SOUTH ST. PETERSBURG, FL 33712-3635	Mailing Address 1661 25TH AVE. SOUTH ST. PETERSBURG, FL 33712-3635
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01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3755867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLAYTON, YVONNE C 1661 25TH AVE. SOUTH ST. PETERSBURG, FL 33712-3635
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, YVONNE C 1661 25TH AVE. SOUTH ST. PETERSBURG, FL 337123635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, JOHNNYE 4201 1ST AVE. SO. ST. PETERSBURG, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYWARD, BETTY 5234 9TH ST. SO. ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, SIDNEY 2181 67TH AVE. SO. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JUANITA 1939 31ST ST. SO. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MARY 4413 14TH AVE. SO. ST. PETERSBURG, FL 33711

<p>U00000211618 02/02/05-80127-002 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Yvonne C. Clayton 1/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #