

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006029

1. Entity Name
YVONNE C. REED CHRISTIAN SCHOOL, INC.



Principal Place of Business
1661 25TH AVE. SOUTH
ST. PETERSBURG, FL 33712-3635

Mailing Address
1661 25TH AVE. SOUTH
ST. PETERSBURG, FL 33712-3635



01202007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3755867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

8. Name and Address of Current Registered Agent

CLAYTON, YVONNE C
1661 25TH AVE. SOUTH
ST. PETERSBURG, FL 33712-3635

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IN THIS SPACE**

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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLAYTON, YVONNE C
STREET ADDRESS 1661 25TH AVE. SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 337123635

TITLE D
NAME FRANKLIN, JOHNNYE
STREET ADDRESS 4201 1ST AVE. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33771

TITLE D
NAME HAYWARD, BETTY
STREET ADDRESS 5234 9TH ST. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE D
NAME CAMPBELL, SIDNEY
STREET ADDRESS 2161 67TH AVE. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE D
NAME PIERCE, JUANITA
STREET ADDRESS 1939 31ST ST. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE D
NAME THOMAS, MARY
STREET ADDRESS 4413 14TH AVE. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33711

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02/26/07-80022-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #