

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90031 048 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 3455-26th Ave. So.		3. Mailing Address Suite, Apt. #, etc. St. Petersburg, FL			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3755867	
Zip 33711		Country USA		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D CLAYTON, YVONNE C <input type="checkbox"/> Delete 1661 25TH AVE. SOUTH ST. PETERSBURG, FL 337123635	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete FRANKLIN, JOHNNYE 4201 1ST AVE. SO. ST. PETERSBURG, FL 33771	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete HAYWARD, BETTY 5234 9TH ST. SO. ST. PETERSBURG, FL 33705	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete CAMPBELL, SIDNEY 2161 67TH AVE. SO. ST. PETERSBURG, FL 33712	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D Ronald D. Davis		
STREET ADDRESS		STREET ADDRESS	2621 MLK Street South		
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33705		
TITLE	D <input type="checkbox"/> Delete PIERCE, JUANITA 1939 31ST ST. SO. ST. PETERSBURG, FL 33712	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete THOMAS, MARY 4413 14TH AVE. SO. ST. PETERSBURG, FL 33711	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Yvonne C. Clayton</u> <u>3/26/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					