

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007449

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: NEW ZION CHILD CARE LEARNING CENTER,INC.

**Current Principal Place of Business:**

728 NW 6TH AVENUE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

728 NW 6TH AVENUE  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 20-0597533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILSON, CECIL S  
728 NW 6TH AVENUE  
OCALA, FL 34475      US

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

WILSON, CECIL  
728 NW 6TH AVENUE  
OCALA, FL 34475      US

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: CECIL WILSON

06/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCBD      ( ) Delete  
Name: WILSON, CECIL  
Address: 728 NW 6TH AVENUE  
City-St-Zip: Ocala,, FL 34475

Title: D      ( ) Delete  
Name: THOMAS, ERIS  
Address: 728 NW 6TH AVENUE  
City-St-Zip: Ocala,, FL 34475

Title: D      ( ) Delete  
Name: RUSH, ERMA  
Address: 728 NW 6TH AVENUE  
City-St-Zip: Ocala, FL 34475

Title: D      ( ) Delete  
Name: BELL, CURTIS  
Address: 728 NW 6TH AVENUE  
City-St-Zip: Ocala, FL 34475

**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: D      (X) Change ( ) Addition  
Name: WIGGINS, ROMEO  
Address: 728 NW 6TH AVENUE  
City-St-Zip: Ocala, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CECIL WILSON

DIR

06/25/2009

Electronic Signature of Signing Officer or Director

Date