

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

**FILED  
Jul 23, 2007  
Secretary of State**

DOCUMENT# N02000007876

Entity Name: ALL FAITH DAYCARE CENTER, INC.

**Current Principal Place of Business:**

3133 SPRING GLEN ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3133 SPRING GLEN ROAD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3724784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

ARMSTRONG, FELECIA  
3133 SPRING GLEN RD  
JACKSONVILLE, FL 32207      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      ( ) Delete  
Name: ARMSTRONG, FELECIA  
Address: 3133 SPRING GLEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD      ( ) Delete  
Name: ARMSTRONG, ALLEN  
Address: 3133 SPRING GLEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD      ( ) Delete  
Name: HAYES, BARBARA  
Address: 311 W ASHLEY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S      ( ) Delete  
Name: TOOKES, NAOMI  
Address: 9856 WHITFIELD CT  
City-St-Zip: JACKSONVILLE, FL 32221

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELECIA ARMSTRONG

PD

07/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date