

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002856

FILED
Apr 30, 2008
Secretary of State

Entity Name: ERIKA'S CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2328 GRAND POPLAR ST
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680122
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 51-0461877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZEL, ERIKA L
2328 GRAND POPLAR ST
OCOE, FL 34761 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: HAZELL, ERIKA L
Address: 2328 GRAND POPLAR ST
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: WALKER, ARVETA S
Address: 2328 GRAND POPLAR ST
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: HAYES, VIRGINIA
Address: 2328 GRAND POPLAR ST
City-St-Zip: OCOE, FL 34761

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:

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: ERIKA HAZELL

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date