## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003959

FILED Apr 27, 2007 Secretary of State

Entity Name: SPRINGHILL CHILD DEVELOPMENT & ENRICHMENT CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8119 E. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 8119 E. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33619 FEI Number: 30-0181299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEEKS, JACQUELINE C 3813 N. NEBRASKA AVE TAMPA, FL 33603 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GARNETT, EUGENE REV. GARNETT, EUGENE REV. Name: Name: 2912 W. LEILA AVENUE Address: 2912 W. LEILA AVENUE Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: TAMPA, FL 33611 US Title: VD Title: ( ) Delete () Change () Addition POWELL, SYLVESTER Name: Name: Address: 9706 N. BANYAN AVENUE Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: Title: () Delete Title: () Change () Addition WATSON, JONATHAN Name: Name: 2014 E. CLIFTON STREET Address: Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GOODMAN, AMELIA Name: 601 RED ROBIN ROAD Address: Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: () Delete Title: () Change () Addition NIXON, SHEILA Name: Name: 8504 TEMPLE PARK DRIVE Address: Address: City-St-Zip: TAMPA, FL 33615 US City-St-Zip: Title: () Delete Title: () Change () Addition SHEPARD, DELOISE Name: Name: Address: 1002 E. YUKON STREET Address: TAMPA, FL 33604 US City-St-Zip: 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: EUGENE GARNETT REV 04/27/2007