

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003959

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

8119 E. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

8119 E. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 30-0181299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEEKES, JACQUELINE C
3813 N. NEBRASKA AVE.
TAMPA, FL 33603 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: GARNETT, EUGENE REV.
Address: 2912 W. LEILA AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: VD () Delete
Name: POWELL, SYLVESTER
Address: 9706 N. BANYAN AVENUE
City-St-Zip: TAMPA, FL 33604 US

Title: D () Delete
Name: WATSON, JONATHAN
Address: 2014 E. CLIFTON STREET
City-St-Zip: TAMPA, FL 33610 US

Title: D () Delete
Name: GOODMAN, AMELIA
Address: 601 RED ROBIN ROAD
City-St-Zip: BRANDON, FL 33511 US

Title: D () Delete
Name: NIXON, SHEILA
Address: 8504 TEMPLE PARK DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: D () Delete
Name: SHEPARD, DELOISE
Address: 1002 E. YUKON STREET
City-St-Zip: TAMPA, FL 33604 US

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
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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: EUGENE GARNETT, SR.

REV.

04/28/2009

Electronic Signature of Signing Officer or Director

Date