## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 29, 2004 8:00 am Secretary of State DOCUMENT # N03000006751 1. Entity Name 03-29-2004 90058 039 \*\*\*\*61.25 SUGAR 'N SPICE CHILD CARE AND PRE-SCHOOL CENTER, INC. Principal Place of Business Mailing Address 407 W EUCLID AVENUE 407 W EUCLID AVENUE DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For EIN 57-118-9912 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARIS, GARY DR. Street Address (P.O. Box Number is Not Acceptable) 421 N WOODLAND BLVD UNIT 8311 STETSON UNIVERSITY **DELAND FL 32723** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition ☐ Change WOOD, RICHARD DR. NAME NAME 495 OAKRIDGE AVENUE STREET ADDRESS STREET ADDRESS **DELAND FL 32724-2463** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition WOOD, GRACIELA NAME NAME 495 OAKRIDGE AVENUE STREET ADDRESS STREET ADDRESS DELAND FL 32724-2463 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MARIS, GARY DR. NAME NAME 120 W PENNSYLVANIA AVENUE STREET ADDRESS STREET ADDRESS **DELAND FL 32720-3462** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARIS, EUNICE NAME NAME 120 W PENNSYLVANIA AVENUE STREET ADDRESS STREET ADDRESS DELAND FL 32720-3462 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ODOM, CARNETTA NAME NAME 528 S THOMPSON AVENUE STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition EGGLESTON, LEIGH NAME NAME 126 S HIGH STREET STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: