

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000881

1. Entity Name
VICKIE'S LEARNING CENTER INC.



Principal Place of Business
2775 NW 46 ST
MIAMI, FL 33142

Mailing Address
2775 NW 46 ST
MIAMI, FL 33142

FILED
Sep 05, 2008 08:00 AM
Secretary of State



08302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0970750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, ERLENE
2775 NW 46 ST
MIAMI, FL 33142

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COWART, JESSE
STREET ADDRESS 2775 NW 46 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE VPD
NAME PRESTON, WALTER
STREET ADDRESS 2775 NW 46 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE S
NAME REID, NANCY
STREET ADDRESS 2775 NW 46 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE D
NAME BURSE, BRENDA
STREET ADDRESS 2775 NW 46 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE T
NAME MARTIN, CAROLYN
STREET ADDRESS 2775 NW 46 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000859098
09/05/08-80002-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Walter L. Preston VPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/08
Date

305 637-7799
Daytime Phone #