

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000881

FILED  
May 01, 2009  
Secretary of State

Entity Name: VICKIE'S LEARNING CENTER INC.

## Current Principal Place of Business:

2775 NW 46 ST  
MIAMI, FL 33142

## New Principal Place of Business:

## Current Mailing Address:

2775 NW 46 ST  
MIAMI, FL 33142

## New Mailing Address:

FEI Number: 65-0970750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FORD, ERLENE  
2775 NW 46 ST  
MIAMI, FL 33142      US

## Name and Address of New Registered Agent:

PRESTON, WALTER  
2775 NW 46 ST  
MIAMI, FL 33142      US

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: WALTER PRESTON

05/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COWART, JESSE  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: VPD ( ) Delete  
Name: PRESTON, WALTER  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: REID, NANCY  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: BURSE, BRENDA  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: MARTIN, CAROLYN  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOVETT, LARRIE  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: VPD (X) Change ( ) Addition  
Name: COWART, JESSE  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change ( ) Addition  
Name: PRESTON, WALTER  
Address: 2775 NW 46 ST  
City-St-Zip: MIAMI, FL 33142

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: LARRIE LOVETT

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date