

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004462

FILED  
Mar 18, 2005  
Secretary of State

**Entity Name:** KIDS N' ALL LEARNING CENTER, INC. #1

**Current Principal Place of Business:**

1302 N.W. 12TH STREET  
GAINESVILLE, FL 326014120

**New Principal Place of Business:**

743 SOUTH WALNUT  
STARKE, FL 32091

**Current Mailing Address:**

1302 N.W. 12TH STREET  
GAINESVILLE, FL 326014120

**New Mailing Address:**

P O BOX 358170  
GAINESVILLE, FL 32635

**FEI Number:** 56-2445560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CUMMINGS, BARBARA  
1302 N.W. 12TH STREET  
GAINESVILLE, FL 326014120 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: PT ( ) Delete  
Name: CUMMINGS, BARBARA  
Address: 1302 N.W. 12TH STREET  
City-St-Zip: GAINESVILLE, FL 326014120

Title: V ( ) Delete  
Name: CUMMINGS, LEON  
Address: 1302 N.W. 12TH STREET  
City-St-Zip: GAINESVILLE, FL 326014120

Title: S ( ) Delete  
Name: ROCHELLE, CICELY  
Address: 1302 N.W. 12TH STREET  
City-St-Zip: GAINESVILLE, FL 326014120

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA CUMMINGS

PT

03/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date