2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State
05-15-2007 90010 003 ****70.00

DOCUMENT # N05000002524

1. Entity Name

JESUS CARES LEARNING ACADEMY, INC.

660190/3

Principal Place of Business	Mailing Address
129 S. 5TH ST. HAINES CITY FL 33844	129 S. 5TH ST. HAINES CITY FL 33844

1st MOORE CR2E037 (10/06)

KBT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
129 S. 5th Street	129 S. 5th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, FL	City & State: Haines City, FL
Zip: 33844 Country: USA	Zip: 33844 Country: USA

4. FEI Number: ~~20-2600728~~ APPLIED FOR 20-2600728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER THOMAS, KATHLEEN 155 PINE STREET HAINES CITY FL 33838	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Kathleen Baker Thomas 4/27/07
Signature, 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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP BAKER THOMAS, KATHLEEN 155 PINE ST. HAINES CITY FL 33838	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DANIELS WEST, BETTYE 1472 WOOD AVE. HAINES CITY FL 33838	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, ANNIE LAURA 1505 N. NEW YORK AVE. LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ROSALIND H. 2401 2ND ST. NW, APT. 77 WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIELDER, DARRIN KEITH 38 TANGELO DR. HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen Baker Thomas 4/27/07 863-557-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #