2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N05000002524

Entity Name: JESUS CARES LEARNING ACADEMY, INC.

Current Principal Place of Business:

129 S 5TH ST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

129 S 5TH ST
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-2600728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BAKER THOMAS, KATHLEEN
155 PINE STREET
HAINES CITY, FL 33838 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:	CP	( ) Delete
Name:	BAKER THOMAS, KATHLEEN	
Address:	155 PINE ST.	
City-St-Zip:	HAINES CITY, FL 33838	
Title:	S	( ) Delete
Name:	DANIELS WEST, BETTYE	
Address:	1412 WOOD AVE.	
City-St-Zip:	HAINES CITY, FL 33838	
Title:	D	( ) Delete
Name:	MATTHEWS, ANNIE LAURA	
Address:	1505 N. NEW YORK AVE.	
City-St-Zip:	LAKELAND, FL 33805	
Title:	D	( ) Delete
Name:	JOHNSON, ROSALIND H.	
Address:	2401 2ND ST. NW, APT. 77	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	FIELDER, DARRIN KEITH	
Address:	38 TANGELO DR.	
City-St-Zip:	HAINES CITY, FL 33844	

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:	
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: KATHLEEN BAKER THOMAS CP 07/09/2008

Electronic Signature of Signing Officer or Director — Date