

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002524

FILED  
May 01, 2009  
Secretary of State

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 ( )  
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

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date