

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002560

FILED
May 14, 2008
Secretary of State

Entity Name: PRECIOUS JEWELS ACADEMY LEARNING CENTER, INC.

Current Principal Place of Business:

2300 JANIE POE DR.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1914
TALLEVAST, FL 34270

New Mailing Address:

P. O. BOX 3085
SARASOTA, FL 34230

FEI Number: 73-1685567 **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:

MATHIS, ANGELA C
1716 78TH DRIVE EAST
SARASOTA, FL 34243 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: D P () Delete
Name: MATHIS, ANGELA C
Address: 2307 SPRING OAKS COURT
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MATHIS, RONALD W
Address: 1716 78TH DRIVE EAST
City-St-Zip: SARASOTA, FL 34243

Title: D VP () Delete
Name: GIBBONS, ARCHIE JR.
Address: 680 CECINA WAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CAMPBELL, LEON
Address: 3526 PRADO DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: SPENCER, MILDRED C
Address: 710 LEE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: GIBBONS, CAROLYN L
Address: 710 LEE STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPBELL, CELESTINE
Address: 3526 PRADO
City-St-Zip: SARASOTA, FL 34245

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAW, VALERIE
Address: P. O. BOX 51273
City-St-Zip: SARASOTA, FL 34230

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: ANGELA C. MATHIS

P

05/14/2008

Electronic Signature of Signing Officer or Director

Date