

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90294 003 \*\*\*\*70.00

**DOCUMENT # N05000010528**

1. Entity Name  
Y.L.T. CHILD DEVELOPMENT AND LEARNING CENTER  
INC.



Principal Place of Business  
1612 CEDAR HIGHLANDS BLVD  
DAYTONA BEACH, FL 32117 US

Mailing Address  
100 SKYFLOWER CIRCLE  
DAYTONA BEACH, FL 32117 US

**60025974**



2. Principal Place of Business

3. Mailing Address

*100 Sky Flower Cir*  
Suite, Apt. #, etc.

02182006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Daytona Beach*

4. FEI Number

*35-2245782*

Applied For

Not Applicable

Zip

Country

Zip

Country

*FL*

*U.S.A.*

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DR.  
SUITE B  
PORT ORANGE, FL 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
P  
TURNER, JAMES  
100 SKYFLOWER CIRCLE  
DAYTONA BEACH, FL 32117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
BERNARD BROWN  
100 SKYFLOWER CIRCLE  
Daytona Beach FL 32117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
TURNER, ALFREDA M  
100 SKYFLOWER CIRCLE  
DAYTONA BEACH, FL 32117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
Dorothy Brown  
100 Sky Flower Circle  
Daytona Beach FL 32117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
MERY K Pyles  
100 Sky Flower Circle  
Daytona Beach FL 32117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
Edna Fields  
100 Sky Flower Circle  
Daytona Beach FL 32117 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
DORIS YOUNG  
1978 Rutgers Pl  
Port Orange FL 32128 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
MEREDITH STEVENS  
5756 Sweetwater Blvd  
Port Orange FL 32127 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Turner*  
3/15/06/386-255-7561  
Date Daytime Phone #

Ruth ~~PHYLON~~ PHYLON  
100 Sky Flower Circle  
Daytona Beach FL 32117

☒ Addition ATTACHMENT

60025974  
# N05000010528

Gail BROWN  
11 Shannon Blvd  
Plant City FL 33563

☒ Addition