

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010528

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1612 CEDAR HIGHLANDS BLVD
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1612 CEDAR HIGHLANDS BLVD
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 35-2245782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DR.
SUITE B
PORT ORANGE, FL 32127 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: P () Delete
Name: TURNER, JAMES
Address: 100 SKYFLOWER CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: VP () Delete
Name: TURNER, ALFREDA M
Address: 100 SKYFLOWER CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117 FL

Title: D () Delete
Name: BROWN, BERNARD
Address: 100 SKY FLOWER CIR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: BROWN, DOROTHY
Address: 100 SKY FLOWER CIR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: PYLES, MARY K
Address: 100 SKY FLOWER CIR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: FIELDS, EDNA
Address: 100 SKY FLOWER CIR
City-St-Zip: DAYTONA BEACH, FL 32117

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:

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: ALFREDA M. TURNER

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date