

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005162

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: EDEN EARLY LEARNING CENTER INC.

**Current Principal Place of Business:**

1710 CHAT HOLLEY ROAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1045  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 56-2589669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRUTCHFIELD, TAMARA  
22 BEACON WAY  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

CRUTCHFIELD, TAMARA  
38 CORTE ROBLE  
SANTA ROSA BEACH, FL 32459 US

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: ROBERT CARROLL

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUTCHFIELD, TAMARA  
Address: 22 BEACON WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: DOWDEN-CROW, GLORIA  
Address: 47 CORTE PINO  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: CARROLL, ROBERT  
Address: P. O. BOX 1045  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CRUTCHFIELD, TAMARA  
Address: 38 CORTE ROBLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition  
Name: ROBERTS, ANNALICIA  
Address: 19 PLANTATION WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ROBERT CARROLL

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date