


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90093 042 ****61.25

DOCUMENT # N06000008827 1. Entity Name YARMLEE EDUCATIONAL & TUTORIAL SERVICES, INC.					
Principal Place of Business ONE INDEPENDENT DRIVE STE 100/BOX 52 JACKSONVILLE FL 32202				Mailing Address ONE INDEPENDENT DRIVE STE 100/BOX 52 JACKSONVILLE FL 32202	
2. Principal Place of Business - No P.O. Box # 1710 E. Chandelier Cir.		3. Mailing Address 1710 E. Chandelier Cir.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL.		City & State Jacksonville, FL.		4. FEI Number 20-5989217	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODALL, MARY L ONE INDEPENDENT DRIVE STE 100 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Woodall, Mary L. Street Address (P.O. Box Number is Not Acceptable) 1710 E. Chandelier Circle City Jacksonville FL Zip Code 32225			
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 Mary L. Woodall <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when certifying)		DATE 4-26-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WOODALL, MARY L ONE INDEPENDENT DRIVE STE 100/BOX 52 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Woodall, Mary L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1710 E. Chandelier Cir. Jacksonville, FL 32225			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary L. Woodall <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-26-07 904-220-7359 <small>Date Daytime Phone #</small>			