

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009234

FILED  
Mar 29, 2009  
Secretary of State

**Entity Name:** CHILDREN'S AG & SCIENCE ADVENTURES, INC.

**Current Principal Place of Business:**

19 N. WESTMORELAND DRIVE  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

19 N. WESTMORELAND DRIVE  
SUITE A  
ORLANDO, FL 32805 US

**Current Mailing Address:**

7742 COVEDALE DRIVE  
ORLANDO, FL 32818 US

**New Mailing Address:**

**FEI Number:** 20-5471491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JETER-WILSON, DONNA  
7742 COVEDALE DRIVE  
ORLANDO, FL 32818 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: PST ( ) Delete  
Name: JETER, DONNA  
Address: 7742 COVEDALE DRIVE  
City-St-Zip: ORLANDO, FL 32818 US

Title: VP ( ) Delete  
Name: JETER, ASYA  
Address: 7742 COVEDALE DRIVE  
City-St-Zip: ORLANDO, FL 32818 US

Title: S ( ) Delete  
Name: WRIGHT, CASSANDRA  
Address: 7012 HIAWASSEE OAKS  
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete  
Name: FLOYD, LAUREN  
Address: 7742 COVERDALE DR  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: RUSS, MARK  
Address: 1406 CROOMS  
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete  
Name: ISRAEL, JUDITH  
Address: 19 N. WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805

**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: DONNA JETER-WILSON

PST

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date