

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009748

FILED
Apr 20, 2009
Secretary of State

Entity Name: MAGIC MOMENTS EDUCATIONAL LEARNING CENTER, INC.

Current Principal Place of Business:

4121 NE 15TH ST
GAINESVILLE, FL 32609 US

New Principal Place of Business:

4121 NE 15TH ST
BOX 113
GAINESVILLE, FL 32609 US

Current Mailing Address:

2611 NE 11TH TERR
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 84-1716775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALKER, KENYA D
2611 NE 11TH TERR
GAINESVILLE, FL 32609 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: HOLLAND, MIA B
Address: 2103 NE 12TH AVE
City-St-Zip: GAINESVILLE, FL 32641 US

Title: VP () Delete
Name: JONES, DIANE
Address: 925 SE 43RD STREET BOX 22
City-St-Zip: GAINESVILLE, FL 32641 US

Title: SEC () Delete
Name: WALKER, TAKAISA S
Address: 482 ASHLEY BROOKE COURT
City-St-Zip: APOPKA, FL 32712 US

Title: TREA () Delete
Name: WALKER, LAQUASIA
Address: 2611 NE 11TH TERR
City-St-Zip: GAINESVILLE, FL 32641 US

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:

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: KENYA D. WALKER

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

Date