

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008368

FILED
Jan 17, 2008
Secretary of State

Entity Name: SMOKEY BEAR KIDDY COLLEGE INC

Current Principal Place of Business:

2500 NE 15 STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2400 NE 15TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 52-1922339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORRELL, ALBERT L
2400 NE 15TH STREET
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: SORRELL, ALBERT L
Address: 2400 NE 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: VP,S () Delete
Name: SORRELL, PAMELA E
Address: 2400 NE 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: T,D () Delete
Name: BULLOCK, JESSICA
Address: 30 C RED OAK LANE
City-St-Zip: OLD BRIDGE, NJ 08857

Title: D () Delete
Name: WILLIAMS, FRANCES H
Address: 2837 NE 13TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: SORRELL, PAMELA E
Address: 2400 NE 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: SORRELL, ALBERT L
Address: 2400 NE 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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: D (X) Change () Addition
Name: HALSTAD, GENEVA
Address: 6815 W UNIVERSITY AVENUE APT. 9105
City-St-Zip: GAINESVILLE, FL 32609

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: ALBERT SORRELL

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date