

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004734

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** YOUNG LEGENDS CHILDCARE LEARNING CENTER, INC.

**Current Principal Place of Business:**

5222 AVENUE C  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

5222 AVENUE C  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 83-0493157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, PALECIA  
5222 AVENUE C  
JACKSONVILLE, FL 32209 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  
Name: CRAWFORD, PALECIA  
Address: 5222 AVENUE C  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP  
Name: ROGERS, JUANITA  
Address: 2256 LAUREL LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: JENKINS, STEPHEN L SR  
Address: 1133 LEGAY AVE  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: PALECIA CRAWFORD

P

03/17/2010

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

\_\_\_\_\_  
Date