

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006750

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** EAGLE'S NEST CHILDCARE CENTER, INC.

**Current Principal Place of Business:**

6205 WOODVILLE HWY  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6607  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 59-3565149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, RAY C  
6452 MARY LAKE CT  
TALLAHASSEE, FL 32311 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:** BROWN, RAY C  
**Address:** 6452 MARY LAKE CT  
**City-St-Zip:** TALLAHASSEE, FL 32311

**Title:** V  
**Name:** BROWN, MOLLIE L  
**Address:** 6452 MARY LAKE CT  
**City-St-Zip:** TALLAHASSEE, FL 32311

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:** RAY C. BROWN

RA

03/19/2010

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

\_\_\_\_\_  
Date