

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

DOCUMENT# N08000008766

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** RISING STAR EDUCATIONAL AND THERAPEUTIC ACADEMY FOR CHILDREN INC

**Current Principal Place of Business:**

4947 NW 20 TERR  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

1029 NW 23RD AVENUE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4947 NW 20 TERR  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 26-3476948      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILLIAMS, BONITA  
4947 NW 20 TERR  
GAINESVILLE, FL 32605      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: D  
Name: GORDON, KUTANA  
Address: 1535 SE 38TH CT  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: WILLIS, DAVID  
Address: 122 NW 148TH TERRACE  
City-St-Zip: NEWBERRY, FL 32669

Title: D  
Name: MEANS, TOSHA  
Address: 3008 NE 14TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: OFCR  
Name: WILLIAMS, BONITA  
Address: 4947 NW 20TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: BONITA WILLIAMS

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02/26/2010

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

\_\_\_\_\_  
Date