

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002156

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** IT TAKES A VILLAGE EDUCATION CENTER, INC

**Current Principal Place of Business:**

815 N HOMESTEAD BLVD  
404  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

815 N HOMESTEAD BLVD  
404  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 27-0771809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, TAMARA C  
815 N HOMESTEAD BLVD  
404  
HOMESTEAD, FL 33030 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: VP  
Name: EDWARDS, TYRONE  
Address: 945 NW 3RD TERRACE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: TRES  
Name: FLETCHER, LAKEESHA  
Address: 11710 SW 179TH TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: SECT  
Name: LIGHTBOURNE, MONIQUE  
Address: 10750 SW 142ND LANE  
City-St-Zip: MIAMI, FL 33176

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: MONIQUE LIGHTBOURNE

SECT

02/16/2010

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

\_\_\_\_\_  
Date