

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004862

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** FAMILIES 1ST LEARNING CENTER, INC.

**Current Principal Place of Business:**

5421 W BEAVER ST, SUITE 202, BLDG B  
BLDG B, SUITE 202  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RENNEE DAWSON  
PO BOX 6805  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 26-4762417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

DAWSON, RENNEE  
5421 W BEAVER ST, SUITE 202, BLDG B  
JACKSONVILLE, FL 32254 US

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: DAWSON, RENNEE  
Address: 11249 CABOOSE CT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP  
Name: DAWSON, ALAN B  
Address: 11249 CABOOSE COURT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST  
Name: PARSONS, DAWN  
Address: 854 ONTARIO CT  
City-St-Zip: JACKSONVILLE, FL 32254

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: RENNEE DAWSON

P

04/30/2012

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

\_\_\_\_\_  
Date