

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011434

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** C KIDS LEARNING ACADEMY INC.

**Current Principal Place of Business:**

829 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

509 FINCH DRIVE  
EDGEWATER, FL 32141

**New Mailing Address:**

**FEI Number:** 80-0515941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARTER, LEVARNE JR.  
509 FINCH DRIVE  
EDGEWATER, FL 32141 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: CARTER, ANGELA C  
Address: 509 FINCH DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: D  
Name: CARTER, LEVARNE JR.  
Address: 509 FINCH DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: D  
Name: FELTON, SHELEENA  
Address: 3003 QUEEN PALM DR  
City-St-Zip: EDGEWATER, FL 32141

Title: D  
Name: MOORE, JESSICA  
Address: 2627 NORMAND AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: BAGLEY, MEGAN  
Address: 423 CEDAR AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ANGELA CARTER

D

03/16/2012

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

\_\_\_\_\_  
Date