

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005664

FILED
Feb 27, 2012
Secretary of State

Entity Name: KINDER CUB SCHOOL, INC.

Current Principal Place of Business:

149 NE 222 AVE
CROSS CITY, FL 32628 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2660
CROSS CITY, FL 32628 US

New Mailing Address:

149 NE 222 AVENUE
CROSS CITY, FL 32628 US

FEI Number: 27-2857690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, RITA L
242 NE 239TH AVE
OLD TOWN, FL 32628 US

Name and Address of New Registered Agent:

HODGES, ANNE G
85 NE 126 ST
CROSS CITY, FL 32628 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: ANNE G HODGES

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: HARDEN, KAYE
Address: 293 NE 217TH AVE.
City-St-Zip: CROSS CITY, FL 32628 US

Title: BD
Name: JERRELLS, JIMMIE
Address: 157 SE 143 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: PRES
Name: WARD, LU
Address: 4557 SE 55A HWY
City-St-Zip: OLD TOWN, FL 32680

Title: BD
Name: EVERETT, SHANNON
Address: P O BOX 293
City-St-Zip: OLD TOWN, FL 32680

Title: BD
Name: WILLIAMS, BONNIE
Address: 1176 NE 835 ST
City-St-Zip: OLD TOWN, FL 32680

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: LU WARD

PRES

02/27/2012

Electronic Signature of Signing Officer or Director

Date