

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007171

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** HANDS ON EXPERIENCE EARLY LEARNING CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

1026 VICTORY LAKE DR  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

1026 VICTORY LAKE DR  
JACKSONVILLE  
JACKSONVILLE, FL 32221 UN

**Current Mailing Address:**

1026 VICTORY LAKE DR  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 27-3103598      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANDERSON, BRENDA J  
1026 VICTORY LAKE DR  
JACKSONVILLE, FL 32221 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: P  
Name: ANDERSON, BRENDA J  
Address: 1026 VICTORY LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP  
Name: BUTLER, BETTIE  
Address: 1026 VICTORY LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: ST  
Name: ANDERSON, BRENDA J  
Address: 1026 VICTORY LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32221

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: BRENDA ANDERSON

OWME

04/25/2012

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

\_\_\_\_\_  
Date