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Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26254

(5)

1. Corporation Name

Early Years Learning Center of Gainesville,  
Inc.

Principal Place of Business

% Linda Andrews  
3146 NW 13th St.  
Gainesville FL  
32609

Mailing Address

Same

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

Schirrmacher, Peri  
3146 NW 13th St.  
Gainesville FL  
32609

3. Date Incorporated or Qualified

05/04/1988

4. FEI Number

59-2890729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

Andrews, Linda

82 Street Address (P.O. Box Number is Not Acceptable)

Same as Current reg. agent

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Linda Andrews, Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/1/98

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETENAME Peri Schirrmacher  
STREET ADDRESS 4337 NW 29 St.  
CITY-ST-ZIP Gainesville FLTITLE D ☐ DELETENAME Grater, Jeff  
STREET ADDRESS 956 NW 31st Ave  
CITY-ST-ZIP Gainesville FLTITLE D ☐ DELETENAME Collins, Judy  
STREET ADDRESS 880 NW 20th St.  
CITY-ST-ZIP Gainesville FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP ☐ Change ☒ Addition12 NAME Andrews, Linda  
13 STREET ADDRESS 6980 Bahia Rd.  
14 CITY-ST-ZIP Ocala, FL 3447221 TITLE ☐ Change ☐ Addition22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP31 TITLE ☐ Change ☐ Addition32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP41 TITLE ☐ Change ☒ Addition42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP800002582918  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Andrews, Director X Linda Andrews 6/1/98 (352)373-7183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)