

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90204 001 \*\*\*\*61.25

DOCUMENT # N26254

1. Corporation Name

EARLY YEARS LEARNING CENTER OF GAINESVILLE, INC.

Principal Place of Business

C/O LINDA ANDREWS  
3146 N.W. 13TH STREET  
GAINESVILLE FL 32609

Mailing Address

C/O LINDA ANDREWS  
3146 N.W. 13TH STREET  
GAINESVILLE FL 32609



2. Principal Place of Business

21 Early Years Learning Center

Suite, Apt. #, etc.

22 3146 NW 13th St.

City & State

23 (All is correct)

Zip

Country

24

25

Country

2a. Mailing Address

26 3146 NW 13th St.

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ANDREWS, LINDA  
3146 N.W. 13TH STREET  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

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

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 L. Andrews, Director

Linda L. Andrews

1/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ANDREWS, LINDA  
STREET ADDRESS 6980 BAHIA ROAD  
CITY-ST-ZIP OCALA FL 34472 ☐ DELETE

TITLE D  
NAME GRATER, JEFF  
STREET ADDRESS 556 NW 31ST AVE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE D  
NAME COLLINS, JUDY  
STREET ADDRESS 880 N.W. 20TH ST.  
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE T  
1.2 NAME Herring, Debbie  
1.3 STREET ADDRESS 20418 NW CR 235A  
1.4 CITY-ST-ZIP Alachua, FL 32615 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Linda L. Andrews

Linda L. Andrews 1/26/99 352-373-7183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)