

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26254**

1. Entity Name  
**EARLY YEARS LEARNING CENTER OF GAINESVILLE, INC.**



Principal Place of Business

**3146 N.W. 13TH STREET  
GAINESVILLE, FL 32609**

Mailing Address

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



01162006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2890729**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**DP  
ANDREWS, LINDA  
1105 FORT CLARKE BLVD, # 1301  
GAINESVILLE, FL 32606**

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

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**T  
SNEAD, MARY ANN  
29210 NW 122ND STREET  
ALACHUA, FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**D  
WARD, LAYLA  
3148 NW 114 TERR  
GAINESVILLE, FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

000000390487  
01/23/06-80028-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment to my address, or all other like empowered.

SIGNATURE:

*Linda Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

352-373-7188

Daytime Phone #