2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32589

1. Entity Name

FRIENDLY PEOPLE CREATIVE CHILD CARE CENTER INC.

Principal Place of Business	Mailing Address
1294 WINGFOOT WAY PENSACOLA FL 32505	2185 LONGLEAF DR PENSACOLA FL 32505 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip	Country	Zip	Country

4. FEI Number **59-2950327** — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, VIRGINIA 2185 LONGLEAF DR PENSACOLA FL 32505	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **D** NAME **KNIGHT, VIRGINIA** STREET ADDRESS **2185 LONGLEAF DR** CITY-ST-ZIP **PENSACOLA FL**		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE **D** NAME **CLEVELAND, VIRDELL** STREET ADDRESS **7865 HERRINGTON DR** CITY-ST-ZIP **PENSACOLA FL**		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE **D** NAME **MCNEIL, MATILDA** STREET ADDRESS **1122 TRAMMELL BLVD** CITY-ST-ZIP **PENSACOLA FL**		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE **V** NAME **KNIGHT, NEWTON** STREET ADDRESS **8419 CALVERT ST.** CITY-ST-ZIP **PENSACOLA FL 32514**		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E037 (9/01)

12. 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 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 with an address, with all other like empowered.

SIGNATURE: _Virginia U. Knight Pres_ REQUIRED   1-5-02   850 4776312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR