

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | | | |
|---|---|---|---|
| DOCUMENT # N32589 | |  | |
| 1. Entity Name FRIENDLY PEOPLE CREATIVE CHILD CARE CENTER INC. | | | |
| Principal Place of Business 1294 WINGFOOT WAY PENSACOLA FL 32505 | | Mailing Address 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 <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D KNIGHT, VIRGINIA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, VIRGINIA | NAME | |
| STREET ADDRESS | 2185 LONGLEAF DR | STREET ADDRESS | 000000016707 |
| CITY - ST - ZIP | PENSACOLA FL | CITY - ST - ZIP | 01/28/04-80066-009 61.25 |
| TITLE | D CLEVELAND, VIRDELL <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLEVELAND, VIRDELL | NAME | |
| STREET ADDRESS | 7865 HERRINGTON DR | STREET ADDRESS | |
| CITY - ST - ZIP | PENSACOLA FL | CITY - ST - ZIP | |
| TITLE | D MCNEIL, MATILDA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNEIL, MATILDA | NAME | |
| STREET ADDRESS | 1122 TRAMMELL BLVD | STREET ADDRESS | |
| CITY - ST - ZIP | PENSACOLA FL | CITY - ST - ZIP | |
| TITLE | V KNIGHT, NEWTON <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, NEWTON | NAME | |
| STREET ADDRESS | 8419 CALVERT ST. | STREET ADDRESS | |
| CITY - ST - ZIP | PENSACOLA FL 32514 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

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 Knight* Virginia Knight 1-22-04 850 477 6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #