


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-29-2007 90073 027 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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 KNIGHT, VIRGINIA 2185 LONGLEAF DR PENSACOLA FL 32505		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when registering) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	
1011 NAME STREET ADDRESS CITY ST ZIP	D ✓ KNIGHT, VIRGINIA 2185 LONGLEAF DR PENSACOLA FL <input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	Belinda Spann DB Change 4353 W. Avenida Degolf Pace, Florida 32257 director <input type="checkbox"/> Addition
1011 NAME STREET ADDRESS CITY ST ZIP	D ✓ CLEVELAND, VIRDELL 7865 HERRINGTON DR PENSACOLA FL <input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 NAME STREET ADDRESS CITY ST ZIP	D ✓ MCNEIL, MATILDA 1122 TRAMMELL BLVD PENSACOLA FL <input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 NAME STREET ADDRESS CITY ST ZIP	V ✓ KNIGHT, NEWTON 8419 CALVERT ST. PENSACOLA FL 32514 <input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 NAME STREET ADDRESS CITY ST ZIP	D ✓ Belinda Spann 4353 W. Avenida Degolf Pace FL 32257 <input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowerment.			
SIGNATURE: <i>Virginia Knight (Director)</i> 1/22/07 850 477,6312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #</small>			