

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32589

FILED
Jan 22, 2009
Secretary of State

Entity Name: FRIENDLY PEOPLE CREATIVE CHILD CARE CENTER INC.

Current Principal Place of Business:

1294 WINGFOOT WAY
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2185 LONGLEAF DR
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-2950327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, VIRGINIA
2185 LONGLEAF DR
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PANN, BELINDA S
Address: 4353 W. AVENIDA PEGOLF
City-St-Zip: PACE, FL 32257

Title: D () Delete
Name: CLEVELAND, VIRDELL,
Address: 7865 HERRINGTON DR
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: MCNEIL, MATILDA,
Address: 1122 TRAMMELL BLVD
City-St-Zip: PENSACOLA, FL

Title: V () Delete
Name: KNIGHT, NEWTON
Address: 8419 CALVERT ST.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: KNIGHT, VIRGINIA
Address: 2185 LONGLEAF DR.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA KNIGHT

MS

01/22/2009

Electronic Signature of Signing Officer or Director

Date