

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 036 ****70.00

DOCUMENT # N97000001752 1. Entity Name AVANTE' CHILD CARE AND LEARNING CENTER, INC.			
Principal Place of Business 2000 EDGEWOOD AVE. LEESBURG, FL 34748		Mailing Address 2000 EDGEWOOD AVE. LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box # 2000 Edgewood Ave.		3. Mailing Address P.O. Box 490150	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Leesburg, FL		City & State Leesburg, FL	
Zip 34748		Zip 34749	
Country LAKE-USA		Country LAKE-USA	
4. FEI Number 59-3433964		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GWENDOLYN, KELLEY L 2000 EDGEWOOD AVE. LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Gwendolyn Kelley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAZILL, DEBORAH L 2000 EDGEWOOD AVE. LEESBURG, FL 34748 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GWENDOLYN 2000 EDGEWOOD AVE LEESBURG, FL 34748 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ROBERTS, ANDREA 2000 EDGEWOOD AVE LEESBURG, FL 34748 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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 with an address, with all other like empowered.			
SIGNATURE <u><i>Gwendolyn Kelley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1/8/08</u> <small>Date Daytime Phone #</small>	