2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001895

Entity Name: ST. JOHN'S - ELOISE FEAGINS DAYCARE CENTER, INC.

FILED May 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2025 W. CENTRAL BLVD. ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 2025 W. CENTRAL BLVD. ORLANDO, FL 32805 FEI Number: 59-3510155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, LOUIS HOLT, PATRICIA C PRES 8614 KNOTTINGHAM DR. 697 KISSIMMEE PLACE WINTER SPRINGS, FL 32708 US ORLANDO, FL 34747 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: PATRICA CAMERON HOT 05/30/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/S (X) Change () Addition () Delete FOSTER, ANGELA JENKINS, ROSE MRS Name: Name: 603 TOWNE SQUARE WAY #1221 Address: 2133D ORANGE CENTER BLVD. Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US Title: Title: (X) Change () Addition () Delete OLIVER, NEAL Name: MCCOY, ELLA MRS Name: Address: 561 N. DOLLINS AVE Address: 2231 CINDY CT. City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32818 US Title: DP () Delete Title: DIR (X) Change () Addition BROWN, LOUIS RUFFIN, DORIS MRS Name: Name: Address: 697 KISSIMMEE PLACE Address: 4005 ORKNEY AVE. City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ORLANDO, FL 32809 US Title: () Delete Title: **TRES** () Change (X) Addition Name: Name: OLIVER, NEAL MR 561 N. DOLLINS STREET Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32805 US Title: () Delete Title: () Change (X) Addition FOSTER, ANGELA MRS Name: Name: 603 TOWNE SQUARE CENTER BLVD. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32818 US Title: () Delete Title: () Change (X) Addition GREEN, WILLIE MR Name: Name: Address: Address: 6407 SAGEWOOD DR ORLANDO, FL 32808 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA CAMERON HOLT PRES 05/30/2002