2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006356

1. Entity Name
KATHY'S ALL THINGS DAY CARE AND LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
1079 KUSHMER ST BELL, FL 32619	1079 KUSHMER ST BELL, FL 32619

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05052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3485377

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPEARS, WILLIE JR.
3650 N.W. 52ND PLACE
BELL, FL 32619-9539

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEARS, WILLIE JR.
STREET ADDRESS	3650 N.W. 52ND PLACE
CITY-ST-ZIP	BELL, FL 326199539
TITLE	STD
NAME	SPEARS, KATHY JR.
STREET ADDRESS	3650 N.W. 52ND PLACE
CITY-ST-ZIP	BELL, FL 326199539
TITLE	D
NAME	WASSON, KAREN
STREET ADDRESS	8751 N.W. 111TH LANE
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	LANGSTON, LARRY
STREET ADDRESS	32095 US 129
CITY-ST-ZIP	BELL, FL 32619
TITLE	D
NAME	PHILMAN, KAREN
STREET ADDRESS	939 NW 20 AVE.
CITY-ST-ZIP	BELL, FL 32619
TITLE	D
NAME	PHILMAN, LINDA
STREET ADDRESS	US 129
CITY-ST-ZIP	BELL, FL 32619

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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: Karen C. Wasson 5/13/05 3524632300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #