


# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006356</b>	
1. Entity Name <b>KATHY'S ALL THINGS DAY CARE AND LEARNING CENTER, INC.</b>	

Principal Place of Business <b>1079 KUSHMER ST BELL, FL 32619</b>	Mailing Address <b>1079 KUSHMER ST BELL, FL 32619</b>
--	--

U00000531346  
05/06/06-80040-005 61.25



04212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3485377</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SPEARS, WILLIE JR. 3650 N.W. 52ND PLACE BELL, FL 32619-9539</b>
---

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPEARS, WILLIE JR. 3650 N.W. 52ND PLACE BELL, FL 326199539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SPEARS, KATHY JR. 3650 N.W. 52ND PLACE BELL, FL 326199539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASSON, KAREN 8751 N.W. 111TH LANE CHIEFLAND, FL 32026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGSTON, LARRY 32095 US 129 BELL, FL 32619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILMAN, KAREN 939 NW 20 AVE. BELL, FL 32619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILMAN, LINDA US 129 BELL, FL 32619

**DO NOT WRITE IN THIS SPACE**

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:** Karen C. Wasson 4/21/06 352-463-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #