


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

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

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

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP CR2E037 (4/06)

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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
---	--

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	V SPEARS, KATHY JR. 3650 N.W. 52ND PLACE BELL, FL 326199539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASSON, KAREN 8751 N.W. 111TH LANE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YELVINGTON, JAMES R 1720 NW 10TH STREET 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 3740 NW TRAIL BELL, FL 32619

**DO NOT WRITE  
IN THIS SPACE**

000000735967  
01/29/08-80012-024.61.25

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 1/23/08 352-463-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #