2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N97000006356

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

Current Principal Place of Business:

1079 KUSHMER ST
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

1079 KUSHMER ST
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3485377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEARS, WILLIE JR.
3650 N.W. 52ND PLACE
BELL, FL 326199539 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SPEARS, WILLIE JR.	
Address:	3650 N.W. 52ND PLACE	
City-St-Zip:	BELL, FL 326199539	
Title:	V	( ) Delete
Name:	SPEARS, KATHY JR.	
Address:	3650 N.W. 52ND PLACE	
City-St-Zip:	BELL, FL 326199539	
Title:	ST	( ) Delete
Name:	WASSON, KAREN	
Address:	8751 N.W. 111TH LANE	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	D	( ) Delete
Name:	YELVINGTON, JAMES R	
Address:	1720 NW 10TH STREET	
City-St-Zip:	BELL, FL 32619	
Title:	D	( ) Delete
Name:	PHILMAN, KAREN	
Address:	939 NW 20 AVE.	
City-St-Zip:	BELL, FL 32619	
Title:	D	( ) Delete
Name:	PHILMAN, LINDA	
Address:	3740 NW TRAIL	
City-St-Zip:	BELL, FL 32619	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN WASSON ST 01/16/2009

Electronic Signature of Signing Officer or Director — Date