

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006356

FILED
Mar 16, 2011
Secretary of State

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
Name: SPEARS, WILLIE JR.
Address: 3650 N.W. 52ND PLACE
City-St-Zip: BELL, FL 326199539

Title: V
Name: SPEARS, KATHY JR.
Address: 3650 N.W. 52ND PLACE
City-St-Zip: BELL, FL 326199539

Title: ST
Name: WASSON, KAREN
Address: 8751 N.W. 111TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D
Name: YELVINGTON, JAMES R
Address: 1720 NW 10TH STREET
City-St-Zip: BELL, FL 32619

Title: D
Name: PHILMAN, KAREN
Address: 939 NW 20 AVE.
City-St-Zip: BELL, FL 32619

Title: D
Name: CAMPBELL, LINDA
Address: 1710 OAK CIRCLE
City-St-Zip: BELL, FL 32619

I hereby 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 all other like empowered.

SIGNATURE: WILLIE SPEARS, JR.

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date