

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006593

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: A-2-Z CHRISTIAN DAY CARE CENTER, INC.

**Current Principal Place of Business:**

2603 SOUTH KINGS AVENUE  
BRANDON, FL 33511

**New Principal Place of Business:**

POST OFFICE BOX 1855  
BRANDON, FL 33509

**Current Mailing Address:**

FEI Number: 59-3350657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MITCHELL, MOZELLA G  
2605 SOUTH KINGS AVENUE  
BRANDON, FL 33511 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: PT ( ) Delete  
Name: MITCHELL, MOZELLA G  
Address: 2605 S KINGS AVE  
City-St-Zip: BRANDON, FL 33511

Title: VT ( ) Delete  
Name: MILLER, MARCIA D MRS  
Address: 2605 S KINGS AVE  
City-St-Zip: BRANDON, FL 33511

Title: DT ( ) Delete  
Name: MCKINNEY, JESSIE M  
Address: 7922 CROTON AVE  
City-St-Zip: TAMPA, FL 33619

Title: SD ( ) Delete  
Name: ROSS, DONNA M  
Address: 2603 S KINGS AVE  
City-St-Zip: BRANDON, FL 33511

**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:

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: MOZELLA MITCHELL

PT

04/21/2008

Electronic Signature of Signing Officer or Director

Date