

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000543

FILED
May 08, 2006
Secretary of State

Entity Name: THE CARING AND SHARING LEARNING SCHOOL, INC.

Current Principal Place of Business:

1951 SE 4TH ST
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1951 SE 4TH ST
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3519552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, SIMON O
3432 N.W. 52ND AVE.
GAINESVILLE, FL 32605 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: DC () Delete
Name: JACKSON, CHARLIE
Address: 2708 NW 170 ST
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: JOHNSON, VERNA J
Address: 3432 NW 52 AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: HAYES, LIZBETH C
Address: 3600 SW 19TH AVE, # 40
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: JACKSON, CHARLIE R
Address: 2708 NW 170 ST
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: CHISHOLM, ELLIENIE
Address: 3207 SE 29 BLVD.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: JOHNSON, SIMON O AOM
Address: 3432 N.W. 52ND AVE.
City-St-Zip: GAINESVILLE, FL 32605

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 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: SIMON O JOHNSON

DRA

05/08/2006

Electronic Signature of Signing Officer or Director

Date