

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000543

FILED  
Mar 02, 2009  
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 ( )

**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 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: VERNA J. JOHNSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR.

03/02/2009

\_\_\_\_\_  
Date