

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000543

FILED
Jan 06, 2010
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:

PETERSON, CURTIS W
3432 N.W. 52ND AVE.
GAINESVILLE, FL 32605 US

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: CURTIS W. PETERSON

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: JACKSON, CHARLIE
Address: 2708 NW 170 ST
City-St-Zip: NEWBERRY, FL 32669

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

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

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

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

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

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: CURTIS W. PETERSON

MR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date