# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 23, 2003 8:00 am**
**Secretary of State**
05-23-2003 90150 021 ****70.03

001218

DOCUMENT # N98000000543

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3432 N.W. 52ND AVE.<br>GAINESVILLE FL 32605 | 3432 N.W. 52ND AVE.<br>GAINESVILLE FL 32605 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1951 S.E. 4th St. | 1951 S.E. 4th St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gainesville, FL | City & State: Gainesville, FL |
| Zip: 32641 Country: Alachua | Zip: 32641 Country: Alachua |

4. FEI Number 59-3519552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| JOHNSON, SIMON O<br>3432 N.W. 52ND AVE.<br>GAINESVILLE FL 32605 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>JOHNSON, VERNA L<br>3432 N.W. 52ND AVE.<br>GAINESVILLE FL 32605 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GEORGE, EDDIE SR.<br>309 NW 4 ST<br>GAINESVILLE FL 32602 | ☐ Delete | Rentz, Deloris<br>P.O. Box 1442<br>Alachua, FL 32615 T | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MICKLE, ANDREW R<br>1635 SE 14TH AVE<br>GAINESVILLE FL 32641 | ☐ Delete | Hamilton, Juanita M.<br>2440 N.W. 54 ave,<br>Gainesville, FL 32605 DS | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JACKSON, CHARLIE R<br>2708 NW 170 ST<br>NEWBERRY FL 32669 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHISHOLM, ELLIENIE<br>3207 SE 29 BLVD.<br>GAINESVILLE FL 32641 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, SIMON O AOM<br>3432 N.W. 52ND AVE.<br>GAINESVILLE FL 32605 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Verna J. Johnson Verna J. Johnson 5-1-03 352/372-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #