

FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90179 006 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



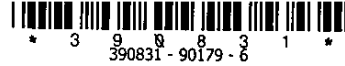
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002502

1. Corporation Name
PRECIOUS GEM LEARNING AND DAY CARE CENTER, INC.

Principal Place of Business
803 E JEFFERSON ST
QUINCY FL 32351

Mailing Address
325 S 10TH ST
QUINCY FL 32351



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3506963	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TRIBUE, JOHN E 325 S 10TH ST QUINCY FL 32351				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John E. Tribue* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Williams	1.2 NAME	
STREET ADDRESS	1029 Martin Luther King Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351	1.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charleston Holt	2.2 NAME	
STREET ADDRESS	656 South 11th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351	2.4 CITY-ST-ZIP	
TITLE	S/T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ella Mae Gee	3.2 NAME	
STREET ADDRESS	204 North Chalk Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Langston	4.2 NAME	
STREET ADDRESS	2917 Livingston Road, Suite 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32303	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Langston	5.2 NAME	
STREET ADDRESS	2719 Livingston Rd, Suite 101	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32303	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsby Tribue	6.2 NAME	
STREET ADDRESS	328 South 12th Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ella Mae Gee* SIGNATURE REQUIRED

CR2E037 (11/98)