


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002502

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



FILED

04 JUL 23 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 803 E JEFFERSON ST QUINCY, FL 32351 | Mailing Address 803 E JEFFERSON ST QUINCY, FL 32351 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

07192004 Chg-NP CR2E037 (10/03) *MRJ*

6. Name and Address of Current Registered Agent

WILLA TRIBUE, NELSON
803 E JEFFERSON ST
QUINCY, FL 32351

4. FEI Number
59-3506963

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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 | |
|----------------------------|--|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | JONES, ARTHUR |
| STREET ADDRESS | 803 E JEFFERSON |
| CITY-ST-ZIP | QUINCY, FL 32351 |
| TITLE | VPD <input type="checkbox"/> Delete |
| NAME | BOWERS, HATTIE H |
| STREET ADDRESS | 228 CHALK ST |
| CITY-ST-ZIP | QUINCY, FL |
| TITLE | STD <input checked="" type="checkbox"/> Delete |
| NAME | DURANT, ALMA M |
| STREET ADDRESS | 1914 BOTANY DR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | RUDD, LUCY M |
| STREET ADDRESS | 20 MALCOLM ST |
| CITY-ST-ZIP | QUINCY, FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BRYANT, CLARENCE |
| STREET ADDRESS | PO BOX 286 |
| CITY-ST-ZIP | QUINCY, FL 32353 |
| TITLE | EXD <input type="checkbox"/> Delete |
| NAME | TRIBUE-NELSON, WILLA |
| STREET ADDRESS | 803 E. JEFFERSON STREET |
| CITY-ST-ZIP | QUINCY, FL 32351 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000039730960
07/30/04--01041--008 **61.25

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: *Willa Tribue Nelson* 7/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #