

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 013 \*\*\*\*61.25

**DOCUMENT # N98000002502**

1. Entity Name

**PRECIOUS GEM LEARNING AND DAY CARE CENTER,  
INC.**



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

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3506963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME JONES, ARTHUR  
STREET ADDRESS 803 E JEFFERSON  
CITY-ST-ZIP QUINCY FL 32351

TITLE VPD ☐ Delete  
NAME BOWERS, HATTIE H  
STREET ADDRESS 228 CHALK ST  
CITY-ST-ZIP QUINCY FL

TITLE D ☐ Delete  
NAME BRYANT, CLARENCE  
STREET ADDRESS PO BOX 286  
CITY-ST-ZIP QUINCY FL 32353

TITLE EXD ☐ Delete  
NAME TRIBUE-NELSON, WILLA  
STREET ADDRESS 803 E. JEFFERSON STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE S ☐ Delete  
NAME SUMPTER, LEONA  
STREET ADDRESS 820 W CRAWFORD STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☒ Delete  
NAME PEARSON, DARLENE  
STREET ADDRESS 6244 FLATCREEK ROAD  
CITY-ST-ZIP GREENSBORO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE:

*Willa Tribue Nelson*

*3/15/06*