


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90058 025 \*\*\*\*51.55  
 02-26-2007 90072 002 \*\*\*\*18.75

**DOCUMENT # N98000002502**  
 1. Entity Name  
**PRECIOUS GEM LEARNING AND DAY CARE CENTER, INC.**



Principal Place of Business Mailing Address  
**803 E JEFFERSON ST QUINCY FL 32351** **803 E JEFFERSON ST QUINCY FL 32351**

Principal Place of Business (No P.O. Box) Mailing Address  
**803 East Jefferson St. Quincy FL 32351** **803 East Jefferson Street Quincy FL 32351**

City & State Zip Country City & State Zip Country  
**Quincy FL 32351 USA** **Quincy FL 32351** **Quincy FL 32351** **Quincy FL 32351**

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  
**Willa Tribue Nelson**  
**803 East Jefferson Street**  
**Quincy FL 32351**

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: *Willa Tribue Nelson* DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007** 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	PD JONES, ARTHUR 803 E JEFFERSON QUINCY FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWERS, HATTIE H 228 CHALK ST QUINCY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CLARENCE PO BOX 286 QUINCY FL 32353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD TRIBUE-NELSON, WILLA 803 E. JEFFERSON STREET QUINCY FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMPTER, LEONA 820 W CRAWFORD STREET QUINCY FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 key empowered.  
 SIGNATURE: *Willa Tribue Nelson* DATE: *1/28/07* 875-2998