

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002502

FILED  
May 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

803 EAST JEFFERSON ST  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

803 EAST JEFFERSON ST  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 59-3506963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JONES, ARTHUR  
Address: 803 E JEFFERSON  
City-St-Zip: QUINCY, FL 32351

Title: VPD      ( ) Delete  
Name: BOWERS, HATTIE H  
Address: 228 CHALK ST  
City-St-Zip: QUINCY, FL

Title: D      ( ) Delete  
Name: BRYANT, CLARENCE  
Address: PO BOX 286  
City-St-Zip: QUINCY, FL 32353

Title: EXD      ( ) Delete  
Name: TRIBUE-NELSON, WILLA  
Address: 803 E. JEFFERSON STREET  
City-St-Zip: QUINCY, FL 32351

Title: S      ( ) Delete  
Name: SUMPTER, LEONA  
Address: 820 W CRAWFORD STREET  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLA TRIBUE NELSON

EXD

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date