

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P03000070471

1. Entity Name
**EVERY CHILD CAN LEARN CHILD DEVELOPMENT
CENTER, INC.**



Principal Place of Business
**590 QUEENS HARBOUR DR
JACKSONVILLE, FL 32225**

Mailing Address
**590 QUEENS HARBOUR DR
JACKSONVILLE, FL 32225**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3693761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, GERALD P
435 CLARK RD STE 107
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000733104
05/09/07-80074-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, LORETTA P
STREET ADDRESS	11405 MANATEE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	DP
NAME	SPENCER, CHARLES
STREET ADDRESS	590 QUEENS HARBOUR DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	SPENCER, THERESA
STREET ADDRESS	4826 RHODE ISLAND DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VT
NAME	WHITESIDE, CARLA
STREET ADDRESS	10201 JOHNNA KAY CT
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	S
NAME	SPENCER, ELAINE
STREET ADDRESS	590 QUEENS HARBOUR DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	BDM
NAME	WHITESIDE, BILLY G
STREET ADDRESS	10201 JOHNNA KAY CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32220

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07

Date

Daytime Phone #