

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070471

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

590 QUEENS HARBOUR DR  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

590 QUEENS HARBOUR DR  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 11-3693761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, LORETTA P  
Address: 11405 MANATEE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP ( ) Delete  
Name: SPENCER, CHARLES  
Address: 590 QUEENS HARBOUR DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: SPENCER, THERESA  
Address: 4826 RHODE ISLAND DR N  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VT ( ) Delete  
Name: WHITESIDE, CARLA  
Address: 10201 JOHNNA KAY CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: S ( ) Delete  
Name: SPENCER, ELAINE  
Address: 590 QUEENS HARBOUR DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: BDM ( ) Delete  
Name: WHITESIDE, BILLY G  
Address: 10201 JOHNNA KAY CT.  
City-St-Zip: JACKSONVILLE, FL 32220

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LORETTA BROWN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date