

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070471

FILED
Mar 22, 2010
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
Name: BROWN, LORETTA P
Address: 11405 MANATEE DR
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARLA WHITESIDE

VT

03/22/2010

Electronic Signature of Signing Officer or Director

Date