2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P06000098029 08 JUN 10 PH 1: 38 A BRIGHTER BEGINNING EARLY CHILDHOOD CENTER INC. LILUNG FÄRTE UF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8621 N. MULBERRY STREET 8621 N. MULBERRY STREET TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 30824 TEMPLE STAND 30824 TEMPLE STAND AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 06092008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FELNumber NESLEY CHAPEL WESLEY 20-5279023 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33542 USF Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAMMY ALLEN ARNOLD, LATISHA L Street Address (P.O. Box Number is Not Acceptable) 8621 N. MULBERRRY STREET AJ5 TAMPA, FL 33604 CityWESLEY CHAPEL 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. len egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE Delete TITLE ALLEN NAME ARNOLD, LATISHA L NAME 30824 TEMPLE 8621 N. MULBERRY STREET STREET ADDRESS STREET ADDRESS 33543 CITY-\$1-ZIP TAMPA, FL 33604 CITY-ST-ZIP VΡ ☐ Change TITLE TITLE Delete 300131199503 11/08--01034--012 **70 MILLS, JOSIE NAME NAME 8011 N 80TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP OWNE TITLE ☐ Change Addition HILE Delete WHITEHEAD, STEPHEN NAME 8621 N. MULBERRY STREET STREET ADDRESS STREET ADDRESS CHY-ST-ZIP TAMPA, FL 33604 CITY ST ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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. RINTED NAME OF SIGNING OFFICER OR DIRECTOR Davirrie Proxie F