# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 03, 2009**
**Secretary of State**

DOCUMENT# P08000033992

**Entity Name:** THE GROWING TREE CHILDREN'S ACADEMY, INC.

**Current Principal Place of Business:**

530 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

530 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

**FEI Number: 26-2311714** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TUCCILLO, TRAVIS W
530 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 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: P ( ) Delete
Name: HODGSON, KATHY L
Address: 3864 WOODBRIDGE AVE
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: JOHNSON, SHAWN D
Address: 2261 ZUYDER TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: CFO (X) Delete
Name: TUCCILLO, TRAVIS W
Address: 1245 US HIGHWAY 41 BYPASS SOUTH
City-St-Zip: VENICE, FL 34285

Title: SEC ( ) Delete
Name: JOHNSON, JONE
Address: 2790 SIESTA DRIVE
City-St-Zip: VENICE, FL 34293

Title: TRES ( ) Delete
Name: JOHNSON, SONYA L
Address: 2261 ZUYDER TERRACE
City-St-Zip: NORTH PORT, FL 34286

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

Title: P (X) Change ( ) Addition
Name: TUCCILLO, TRAVIS W
Address: 530 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

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

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

Title: SEC (X) Change ( ) Addition
Name: TUCCILLO, TRAVIS W
Address: 530 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

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: TRAVIS W. TUCCILLO PRES 06/03/2009

Electronic Signature of Signing Officer or Director Date