

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000092837

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** A DAYCARE AT JOYFUL SOUNDS CHRISTIAN ACADEMY INC.

**Current Principal Place of Business:**

11000 BEACH BLVD SUITE 2  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

10750 ATLANTIC BLVD  
SUITE 11  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11000 BEACH BLVD SUITE 2  
JACKSONVILLE, FL 32246

**New Mailing Address:**

10750 ATLANTIC BLVD  
SUITE 11  
JACKSONVILLE, FL 32225

**FEI Number:** 27-4676016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, ROWLAND V  
6411-1 ARLINGTON RD  
JACKSONVILLE, FL 32211 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: CEOP  
Name: NORFUS, KARLA  
Address: 10750 ATLANTIC BLVD SUITE 11  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TDS  
Name: NORFUS, KARLA  
Address: 10750 ATLANTIC BLVD SUITE 11  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: KARLA NORFUS

CEOP

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date