-*2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am

DOCUMENT # V73702 1. Entity Name ENGLEWOOD BAPTIST CHURCH EARLY EDUCATION CENTER, INC.							Secretary of State 04-25-2008 90133 011 ***150.00					
Principal Place of Business 1240 WEST SCOTT STREET PENSACOLA, FL 32501			Mailing Address 1240 WEST SCOTT STREET PENSACOLA, FL 32501				Letter division			DA 215(1 275)		
2. Principal F	Place of Busines	ss - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072008	Chg-P	CR2E034	(12/06)		
City & State			City & S		•	4. FEI Numb				plied For t Applicable		
Žip	Country		Zip Cou		Country		5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
WATSON, LÄRRY 2501 LONGLEAF DR. PENSACOLA, FL 36612						Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	,	
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.												
SIGNATURE												
	Signature, typed or	printed name of registered agen	and title if applicable	B. (NOTE:	Registered Agent signs	ture required	when reinstating)	Т.	DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	OFFICERS AND DIRECTORS 11						ADDITIONS	/CHANGES TO OF	FICERS AND DI	RECTORS	IN 11	
TITLE	S Detete T									Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	2097 TUJAC	QUES PL	•	•	NAME STREET ADDRESS CITY-ST-ZIP						ĺ	
TITLE	PENSACOLA, FL 32505 CITY P Deter ITIL					///	1/1 100	Hender	V.20.0 m	Change J	Addition	
NAME	MILLENDER	•		NAM			Lacity Mark Bobe H Mexident					
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TITLE	CEO Delete IIII.					1 0	Naco,	2, 71. V		Change	Addition	
NAME CTREET ADDRESS	WATSON, LARRY									•		
STREET ADDRESS CITY-ST-ZIP	PENSACOLA, FL 36612						,					
₹ПLE	T Delete 1111.];			Change	[Addition	
NAME STREET ADDRESS	BRANTLEY, TRACI 7111 N BETE ANGEL PKWY APT 212										"	
CITY-ST-ZIP							_	^				
TITLE				☐ Deteţe	MILE	DAV	id he	e, Pre	sidento	Change	Addition	
NAME STREET ADDRESS					NAME STREET ADDRESS	Proes	ident,	de		•	1	
CITY-ST-ZIP					CITY-ST-ZIP	Pen	See0/2.	11. 3250	6			
TITLE NAME				☐ Delete	TITLE		• -7			Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS							
12. Thereby o	certify that the in	formation supplied with	this filing doe	s not qualify for	CITY-ST-ZIP	contained	in Chanter 119	Florida Statutan	I huthar acetic #	hat the :	formation	
12. I hereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the reserver or rustee 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 tike empowered.												
SIGNATURE: 297E608 SIGNATURE: Date AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Proof 8												