

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755757

Entity Name: ALICE S. WILLIAMS DAY CARE CENTER, INC.

Current Principal Place of Business:

1015 N. E STREET
PENSACOLA, FL 32501

Current Mailing Address:

POST OFFICE BOX 12021
PENSACOLA, FL 32589

FEI Number: 59-2044992

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EULA DELL DAVIS
1555 E. CROSS ST.
PENSACOLA, FL 32503 US

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

Officer/Director Detail :

Title T
Name DAVIS, EULA S
Address 1555 E. CROSS ST.
City-State-Zip: PENSACOLA FL 32503

Title TD
Name STALLWORTH, WOODROW
Address 7810 FIESTA DRIVE
City-State-Zip: PENSACOLA FL 32504

Title D
Name MCDAVID, VIRGINIA
Address 1216 BAYOU BLVD
City-State-Zip: PENSACOLA FL 32503

Title OTHER
Name JEROME WATSON
Address 215 W. GARDEN ST.
City-State-Zip: PENSACOLA FL 32501

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVIS, EULA S

T

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date