Current Ma	iling Address:			
549 NE12TH GAINESVIL	HCT LE, FL 32601 US			
FEI Number: 11-3737496		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
BAKER, ANN 549 NE 12TH GAINESVILLE	CT FL 32601 US			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	stered agent, or both, in the State of Florida	
The above name	, , , , , , , , , , , , , , , , , , , ,	istered office or regis	tered agent, or both, in the State of Florida	
	, , , , , , , , , , , , , , , , , , , ,	istered office or regis	tered agent, or both, in the State of Florida	Date
SIGNATUR	E:	istered office or regis	tered agent, or both, in the State of Florida	
SIGNATUR	Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Florida	
SIGNATUR	Electronic Signature of Registered Agent			
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent	Title	D	
SIGNATUR Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P BAKER, ANN	Title Name	D MILES, SIGGI 6250 NW 23RD ST. SUITE 21-24	
SIGNATUR Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P BAKER, ANN 6250 NW 23RD ST SUITE 21-24	Title Name Address	D MILES, SIGGI 6250 NW 23RD ST. SUITE 21-24	

Current Principal Place of Business:

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CRADLE TO CRAYONS LEARNING CENTER, INC.

6250 NW GAINESVILLE, FL 32653

DOCUMENT# N04000012061

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: ANN BAKER

Address

PRESIDENT

02/23/2022 Date

Electronic Signature of Signing Officer/Director Detail

6250 NW 23RD ST. SUITE 21-24

City-State-Zip: GAINESVILLE FL 32653

FILED Feb 23, 2022 **Secretary of State** 8611333014CC