

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002524

**Entity Name:** JESUS CARES LEARNING ACADEMY, INC.

**Current Principal Place of Business:**

129 S 5TH ST  
HAINES CITY, FL 33844

**Current Mailing Address:**

129 S 5TH ST  
HAINES CITY, FL 33844

**FEI Number: 20-2600728**

**Certificate of Status Desired: Yes**

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

BAKER THOMAS, KATHLEEN  
155 PINE STREET  
HAINES CITY, FL 33838 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 CP  
Name BAKER THOMAS, KATHLEEN  
Address 155 PINE ST.  
City-State-Zip: HAINES CITY FL 33838

Title DIRECTOR  
Name FIELDER, DARRIN K  
Address P.O. BOX 3404  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name FIELDER, CLARENCE  
Address P.O. BOX 3404  
City-State-Zip: HAINES CITY FL 33845

Title DIRECTOR  
Name FIELDER, ANTONIO T  
Address P.O. 1269  
City-State-Zip: DUNDEE FL 33838

*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: KATHLEEN BAKER THOMAS**

**OWNER/CEO**

**04/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date