2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2014
Secretary of State
CC4204532048

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Entity Name: EAGLE'S NEST CHILDCARE CENTER, INC.

Current Principal Place of Business:

6205 WOODVILLE HWY
TALLAHASSEE, FL 32305

Current Mailing Address:

PO BOX 6607
TALLAHASSEE, FL 32314

FEI Number: 59-3565149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, RAY C
6452 MARY LAKE CT
TALLAHASSEE, FL 32311 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	P
Name	BROWN, RAY C
Address	6452 MARY LAKE CT
City-State-Zip:	TALLAHASSEE FL 32311

Title	V
Name	BROWN, MOLLIE L
Address	6452 MARY LAKE CT
City-State-Zip:	TALLAHASSEE FL 32311

Title	BOARD MEMBER
Name	PURIFOY, DEWAYNE
Address	157 LOBLOLLY LANE
City-State-Zip:	MIDWAY, FL FL 32343

Title	BOARD MEMBER
Name	GREEN, GEORGE N
Address	7132 GREAT LAUREL DRIVE
City-State-Zip:	RALEIGH NC 27616

Title	BOARD MEMBER
Name	WHITAKER, DOUGLAS
Address	72 EAGLES RIDGE DR.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	BOARD MEMBER
Name	DUDLEY, REGINALD
Address	10863 HERFORD CHASE
City-State-Zip:	TALLAHASSEE FL 32317

Title	BOARD MEMBER
Name	BURNEY, LAVENIA
Address	14893 MICCOSUKEE RD
City-State-Zip:	TALLAHASSEE FL 32309

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: MOLLIE L. BROWN VP 03/12/2014

Electronic Signature of Signing Officer/Director Detail — Date