

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2006  
Secretary of State**

DOCUMENT# 700065

Entity Name: WELBOURNE AVENUE NURSERY AND KINDERGARTEN, INC.

**Current Principal Place of Business:**

450 W WELBOURNE AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

450 W WELBOURNE AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-0704742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLIS, JOHN D ESQ. JR  
640 N. HILLSIDE AVE.  
ORLANDO, FL 32803      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WRIGHT, EDWIN C  
Address: 1549 NORTHRIDGE LAKE CIR  
City-St-Zip: LONGWOOD, FL

Title: VP      ( ) Delete  
Name: DANIELS, MARY  
Address: 650 CANTON AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: S      ( ) Delete  
Name: WALKER, CAROLYN  
Address: 1200 CORETTA WAY  
City-St-Zip: ORLANDO, FL

Title: D      ( ) Delete  
Name: FAYSON, ROBERTA,  
Address: 651 COMSTOCK AVE.  
City-St-Zip: WINTER PARK, FL

Title: D      ( ) Delete  
Name: BROWN, LEROY J  
Address: 450 W. CANTON AVE.  
City-St-Zip: WINTER PARK, FL

Title: T      ( ) Delete  
Name: BOYER, CLEM J  
Address: 180 ROSEWIND TR  
City-St-Zip: MAITLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: WRIGHT, EDWIN C  
Address: 1549 NORTHRIDGE LAKE CIR  
City-St-Zip: LONGWOOD, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWIN C WRIGHT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/26/2006

\_\_\_\_\_  
Date