

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700065

FILED
May 07, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: T () Delete
Name: BOYER, CLEM
Address: 180 ROSEWIND TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: VT () Delete
Name: WASHINGTON, FAYE
Address: 321 N CAPEN AVE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: HILL, INGA
Address: 414 GARFIELD AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARY DANIELS

VP

05/07/2009

Electronic Signature of Signing Officer or Director

Date