



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708764</b> 1. Entity Name <b>BRIGHTEST HORIZONS CHILD DEVELOPMENT CENTER, INC.</b>	
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Principal Place of Business <b>10320 GLADIOLUS DRIVE FORT MYERS, FL 33908 US</b>	Mailing Address <b>P.O. BOX 08072 FT. MYERS, FL 33908-8072 US</b>
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DO NOT WRITE IN THIS SPACE

	
01232008 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>23-7378076</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PLYE, NATHALIE  
11542 LAIKA LANE  
CAPTIVA, FL 33924**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLYE, NATHALIE 11542 LAIKA LN. CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, JOHN S REV. 1406 S LARKWOOD SQ FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADLER, WANDA 1406 S LARKWOOD SQ FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD PARSONS, TINA S 10320 GLADIOLUS DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERTICH, J. COREY 13817 PINE VILLA LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINDLEY, BRUCE 14671 FAIR HAVENS ROAD FORT MYERS, FL 33908

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U00000824720  
02/20/08-80089-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Wina S. Parsons Executive Director 1/28/07 239 481-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #