FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # N01036 (5)

1. Corporation Name
LITTLE LAMBS LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
197 S. COTTAGE HILL RD. P.O. BOX 16434 ORLANDO FL 32805-2331	197 S. COTTAGE HILL RD. P.O. BOX 16434 ORLANDO FL 32805-2331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2439231 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITEHURST, JULIA ELETA
4739 SPANIEL STREET
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Julia Eleta Whitehurst Julia Eleta Whitehurst 15 March 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	WHITEHURST, JULIA ELETA	12 NAME	Coar, Frank	
STREET ADDRESS	4739 SPANIEL STREET	13 STREET ADDRESS	273 Kerry Ct	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Altamonte Fl. (Delete)	
TITLE	VD	21 TITLE	Director	☐ Change ☒ Addition
NAME	STEWARD, CRYSTAL R.	22 NAME	Brenda March	
STREET ADDRESS	880 N. DENNING DR.	23 STREET ADDRESS	2066 Pernod Ct.	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	Apopka, Fl 32703	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARNES, ELLA M.	32 NAME		
STREET ADDRESS	1701 LEED ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SLAUGHTER, ALPHONSO	42 NAME		
STREET ADDRESS	255 MURRAY DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COAR, FRANK	52 NAME		
STREET ADDRESS	273 KERRY CT	53 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SMITH, JEANETTE	62 NAME		
STREET ADDRESS	261 ARGOS	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julia Eleta Whitehurst Julia Eleta Whitehurst 3/15/95 407 298-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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