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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 06/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Exec. V-Pres	☐ Change ☒ Addition
NAME	WHITEHURST, JULIA ELETA		1.2 NAME	Debreita D. Taylor	
STREET ADDRESS	4739 SPANIEL STREET		1.3 STREET ADDRESS	231 Kent St.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, Fl 32805	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	STEWARD, CRYSTAL R.		2.2 NAME	Andrew T. Wade	
STREET ADDRESS	880 N. DENNING DR.		2.3 STREET ADDRESS	4739 Spaniel St	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Orlando, Fl 32818	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BARNES, ELLA M.		3.2 NAME	Paris T. Taylor	
STREET ADDRESS	1701 LEED ROAD		3.3 STREET ADDRESS	6920 Thousand Oaks Rd	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Orlando, Fl 32818	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLAUGHTER, ALPHONSO		4.2 NAME		
STREET ADDRESS	255 MURRAY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOLEY, WILLIAM L		5.2 NAME		
STREET ADDRESS	BERWOOD CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JEANETTE		6.2 NAME		
STREET ADDRESS	261 ARGOS		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

407 298-4867