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04-20-1999 90240 042 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01036**

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

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

3. Date Incorporated or Qualifed: **01/23/1984**
4. FEI Number: **59-2439231** ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	☐ Change ☐ Addition
NAME	WHITEHURST, JULIA ELETA		1.2 NAME	
STREET ADDRESS	4739 SPANIEL STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWARD, CRYSTAL R.		2.2 NAME	
STREET ADDRESS	880 N. DENNING DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, ELLA M.		3.2 NAME	
STREET ADDRESS	[redacted] 227 Seely Av		3.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted] Orlando, Fl 32808		3.4. CITY-ST-ZIP	
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 32808		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COOLEY, WILLIAM L		5.2 NAME	
STREET ADDRESS	BEEWOOD CT — Beewood Ct.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808		5.4 CITY-ST-ZIP	
TITLE	EVP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DEBREITA D.		6.2 NAME	
STREET ADDRESS	231 KENT STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Julia Eleta Whitehurst 27 Jan 99 407 298-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED