FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 13 PM 4:00

DOCUMENT # N01036

1. Corporation Name
LITTLE LAMBS LEARNING CENTER, INC.

Principal Place of Business
197 S. COTTAGE HILL RD.
P.O. BOX 16434
ORLANDO FL 32805-2301

Mailing Address
197 S. COTTAGE HILL RD.
P.O. BOX 16434
ORLANDO FL 32805-2301

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
01/23/1984

4. FEI Number
59-2439231
Applied For / Not Applicable

5. Certificate of Status Desired ☒ (2) — $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
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip

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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
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	
TITLE	PD	☐ DELETE	1.1 TITLE	
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	
NAME	STEWARD, CRYSTAL R.		2.2 NAME	900003435
STREET ADDRESS	880 N. DENNING DR.		2.3 STREET ADDRESS	-10/24/00-
CITY-ST-ZIP	WINTER PARK FL 32879		2.4 CITY-ST-ZIP	******78.75
TITLE	SD	☐ DELETE	3.1 TITLE	
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	
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	D
NAME	COOLEY, WILLIAM L		5.2 NAME	Powell, Carlos
STREET ADDRESS	BEEWOOD CT — Beewood Ct.		5.3 STREET ADDRESS	1190 Apopka Blvd
CITY-ST-ZIP	ORLANDO FL 32808		5.4 CITY-ST-ZIP	Apopka, FL
TITLE	EVP	☐ DELETE	6.1 TITLE	
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	

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 — SIGNATURE REQUIRED — Whitehurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Julia Eleta Whitehurst 10-11

Tri-L Christian Academy

An Outreach Ministry of New Covenant Perfecting Ministries, Inc.

Min. Crystal Steward,
Vice President

Pastor Debreita Taylor,
Principal

Mrs. April Barnes,
Learning Center
Site Director

Dr. Julia Whitehurst-Wade, Founder & Administrator
1039 W. Fairbanks Avenue
Orlando, Florida 32804

Wednesday, October 11, 2000

Florida Department of State
Division of Re-instatement
409 E. Gaines Street
Tallahassee, FL 32399

Attn: Tyrone

To Whom It May Concern:

This letter comes in concern of Little Lambs Learning Center, Inc. Nonprofit Corporation Annual Report, which was sent in on May 2, 2000, accompanied by check number 2006, in the amount of $70.00. However, we never received the 2000 certificate, which I was unaware of until September 28. I called requesting that a renewal or re-instatement application be sent to me. I was informed that it would arrive in approximately 7 working days. It has not arrived until this time.

I was instructed on September 10, `00 to use the internet to download the form that I was unable to successfully complete. Today, September 11, `00 I was faxed the copy of the 1999 return to use for re-instatement.

Please except this form and payment which includes $17.50 for two (2) copies of the certificate. I am asking that you waiver the re-instatement fee due to the mishap of our filing in May 2000.

Very truly yours,

Julia Eleta Whitehurst

Julia Eleta Whitehurst
President 1984 - 2000