

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01036

FILED
Apr 29, 2009
Secretary of State

Entity Name: LITTLE LAMBS LEARNING CENTER, INC.

Current Principal Place of Business:

197 S. COTTAGE HILL ROAD
ORLANDO, FL 328052331

New Principal Place of Business:

Current Mailing Address:

1039 W. FAIRBANKS AVENUE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2439231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITEHURST, JULIA E
4739 SPANIEL STREET
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITEHURST, JULIA E
Address: 4739 SPANIEL STREET
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: STEWARD, CRYSTAL R
Address: 880 N. DENNING DR.
City-St-Zip: WINTER PARK, FL 32879

Title: SD () Delete
Name: BARNES, ELLA M
Address: 756 WELCH HILL CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: SLAUGHTER, ALPHONSO
Address: 255 MURRY DR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WADE, ANDREW T
Address: 4739 SPANIEL ST.
City-St-Zip: ORLANDO, FL 32818

Title: EVP () Delete
Name: TAYLOR, DEBREITA D
Address: 231 KENT STREET
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA E. WHITEHURST

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date