

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01036

**Entity Name:** LITTLE LAMBS LEARNING CENTER, INC.

**Current Principal Place of Business:**

197 S. COTTAGE HILL ROAD  
ORLANDO, FL 32805-2331

**Current Mailing Address:**

1039 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804

**FEI Number:** 59-2439231

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name WHITEHURST, JULIA E  
Address 4739 SPANIEL STREET  
City-State-Zip: ORLANDO FL 32818

Title SD  
Name CLARISSA, BUTLER  
Address 6451 LIVEWOOD OAKS DRIVE  
City-State-Zip: ORLANDO FL 32818

Title D  
Name WADE, ANDREW T  
Address 4739 SPANIEL ST.  
City-State-Zip: ORLANDO FL 32818

Title EVP  
Name TAYLOR, DEBREITA D  
Address 6920 THOUSAND OAKS RD.  
City-State-Zip: ORLANDO FL 32818

Title BOARD MEMBER  
Name CAIN, ASHTON  
Address 1039 W. FAIRBANKS AVE  
City-State-Zip: ORLANDO FL 32804

Title BOARD MEMBER  
Name ALEXIS , POTTER  
Address 1039 W. FAIRBANKS AVENUE  
City-State-Zip: ORLANDO FL 32804

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLARISSA BUTLER

**SECRETARY**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date