

2016 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	Title	VD
Name	WHITEHURST, JULIA E	Name	STEWART, CRYSTAL R
Address	4739 SPANIEL STREET	Address	880 N. DENNING DR.
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	WINTER PARK FL 32879
Title	SD	Title	TD
Name	CLARISSA, BUTLER	Name	SLAUGHTER, ALPHONSO
Address	6451 LIVEWOOD OAKS DRIVE	Address	255 MURRY DR.
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32808
Title	D	Title	EVP
Name	WADE, ANDREW T	Name	TAYLOR, DEBREITA D
Address	4739 SPANIEL ST.	Address	6920 THOUSAND OAKS RD.
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	ORLANDO FL 32818

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: JULIA WHITEHURST WADE**PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date