

2019 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:** No**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	EVP
Name	TAYLOR, DEBREITA D
Address	6920 THOUSAND OAKS RD.
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	STEWART, CRYSTAL R
Address	880 N. DENNING DR.
City-State-Zip:	WINTER PARK FL 32879
Title	D
Name	WADE, ANDREW T
Address	4739 SPANIEL ST.
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: CLARISSA BUTLER

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04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date