

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709065

FILED
Jul 24, 2008
Secretary of State

Entity Name: WINTER PARK DAY NURSERY, INCORPORATED

Current Principal Place of Business:

741 SOUTH PENNSYLVANIA AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

741 SOUTH PENNSYLVANIA AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-0638506 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYS, LYNDA G
445 WILFORD AVE.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

NELSON, JUDY E
1210 OAKS BLVD.
WINTER PARK, FL 32789 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: JUDY NELSON

07/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISAACSON, DAVID
Address: 741 S PENNSYLVANIA
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: PUTT, ERIC
Address: 741 S PENNSYLVANIA
City-St-Zip: WINTER PARK, FL 32789

Title: SEC () Delete
Name: ARNOLD, SARAH
Address: 741 S PENNSYLVANIA AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: TREA () Delete
Name: ADAMS, LAUREL S
Address: 741 SPENNYSLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: RUBIO, LIONEL
Address: 741 SPENNYSLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: LUMB, SUSAN
Address: 741 SPENNYSLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA (X) Change () Addition
Name: KULMANN, CHARLES
Address: 741 SPENNYSLVANIA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
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: JUDY NELSON

DIR

07/24/2008

Electronic Signature of Signing Officer or Director

Date