2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709065

FILED Apr 13, 2009 Secretary of State

Entity Name: WINTER PARK DAY NURSERY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 741 SOUTH PENNSYLVANIA AVENUE WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 741 SOUTH PENNSYLVANIA AVENUE WINTER PARK, FL 32789 FEI Number: 59-0638506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, JUDY E NELSON, JUDY E 1210 OAKS BLVD. 731 BONGART RD WINTER PARK, FL 32789 WINTER PARK, FL 32792 US 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 04/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ISAACSON, DAVID Name: Name: 741 S PENNSYLVANIA Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition PUTT, ERIC Name: Name: Address: 741 S PENNSYLVANIA. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: SEC () Delete Title: () Change () Addition ARNOLD, SARAH Name: Name: Address: 741 S PENNSYLVANIA AVE. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: KULMANN, CHARLES Name: 741 SPENNYSLVANIA AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition RUBIO, LIONEL Name: Name: 741 SPENNSYLVANIA AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition LUMB. SUSAN Name: Name: Address: 741 SPENNSYLVANIA AVE Address: WINTER PARK, FL 32789 City-St-Zip: 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 DIRE 04/13/2009