

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725020

FILED
Jan 22, 2009
Secretary of State

Entity Name: LITTLE ACORNS, INCORPORATED

Current Principal Place of Business:

CAPE CORAL LIBRARY, 921 SW 39TH TERR.
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152471
CAPE CORAL, FL 339152471 US

New Mailing Address:

FEI Number: 23-7236422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, KATHRYN
4521 SW 2ND AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHALLER, MARCY
Address: 3226 SW 7TH AVE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SD () Delete
Name: SLATON, NELLIE
Address: 4402 S.E. 13TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: MADDALENA, MARIA
Address: 1403 MOHAWK PKY.
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TD () Delete
Name: NELSON, KATHRYN
Address: 4521 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: V () Delete
Name: MACABIO, PAM
Address: 609 SE 17TH ST
City-St-Zip: CAPE CORAL, FL 33990

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: () 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: KATHRYN NELSON

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date