2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725020

FILED Jan 04, 2011 Secretary of State

Entity Name: LITTLE ACORNS, INCORPORATED

Current Principal Place of Business:

New Principal Place of Business:

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

Current Mailing Address:

New Mailing Address:

P.O. BOX 152471 CAPE CORAL, FL 339152471 US CAPE CORAL LIBRARY, 921 SW 39TH TERR.

CAPE CORAL, FL 33914 US

FEI Number: 23-7236422

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, KATHRYN 4521 SW 2ND AVE

CAPE CORAL, FL 33914 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

OFFICERS AND DIRECTORS:

Title: [

Name: SCHALLER, MARCY Address: 3226 SW 7TH AVE

City-St-Zip: CAPE CORAL, FL 33914 US

Title:

 Name:
 SLATON, NELLIE

 Address:
 4402 S.E. 13TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title:

Name: NELSON, KATHRYN
Address: 4521 SW 2ND AVE

City-St-Zip: CAPE CORAL, FL 33914 US

Title: \

Name: MITCHELL-SMITH, JUDI Address: 1418 SE 43RD TERRACE City-St-Zip: CAPE CORAL, FL 33904 US

Title: F

 Name:
 MACABIO, PAM

 Address:
 609 SE 17TH ST

 City-St-Zip:
 CAPE CORAL, FL 33990

Title: S

Name: BERRYHILLE, ELAINE
Address: 5210 SANDS BLVD
City-St-Zip: CAPE CORAL, FL 33914 US

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: KATHRYN NELSON T 01/04/2011