

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90149 022 ****61.25

DOCUMENT # 728160

1. Entity Name

TINY TOTS NURSERY, INC.



Principal Place of Business

P.O. BOX 611
104 DAVIS ST
QUINCY FL 32351-3922

Mailing Address

P.O. BOX 611
QUINCY FL 32353-0611

20054579



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7358130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, FRANCES
104 DAVIS ST
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name Frances Harrell

Street Address (P.O. Box Number is Not Acceptable)

104 Davis Street

City Quincy

FL

Zip Code

32351

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frances Harrell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/05

DATE

FILE NOW: FEE IS \$81.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAMS, MONICA
STREET ADDRESS 625 S. KEY STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
NAME SAILOR, JOHNNY
STREET ADDRESS 1228 BORRY STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE VPD ☐ Delete
NAME KELLY, VIVIAN D
STREET ADDRESS 216 PATTON STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
NAME DAVIS, PATRICIA
STREET ADDRESS P. O. BOX 7303
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE SD ☐ Delete
NAME HARRELL, FRANCES
STREET ADDRESS PO BOX 123
CITY-ST-ZIP QUINCY FL 32353-0123

TITLE Y ☐ Delete
NAME DAVIS, PAMELA
STREET ADDRESS P.O BOX 1303
CITY-ST-ZIP TALLAHASSEE FL 32314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances H. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

DATE

Daytime Phone #