

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728160

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: TINY TOTS NURSERY, INC.

## Current Principal Place of Business:

P.O. BOX 611  
104 DAVIS ST  
QUINCY, FL 323513922

## New Principal Place of Business:

100 S. MADISON ST.  
QUINCY, FL 32351

## Current Mailing Address:

P.O. BOX 611  
QUINCY, FL 323530611

## New Mailing Address:

P.O. BOX 471  
QUINCY, FL 32353

FEI Number: 23-7358130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRELL, FRANCES  
104 DAVIS ST  
QUINCY, FL 32351 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: VP ( ) Delete  
Name: WILLIAMS, MONICA  
Address: 2663 MCALL BRIDGE RD  
City-St-Zip: QUINCY, FL 32351

Title: DP ( ) Delete  
Name: SAILOR, JOHNNY  
Address: 1228 BORRY STREET  
City-St-Zip: QUINCY, FL 32351

Title: M ( ) Delete  
Name: FORD, IRENE  
Address: 544 SELMA ROAD  
City-St-Zip: QUINCY, FL 32351

Title: DM ( ) Delete  
Name: DAVIS, PATRICIA  
Address: 155 CRYSTAL LANE  
City-St-Zip: GRETNA, FL 32322

Title: SD ( ) Delete  
Name: HARRELL, FRANCES  
Address: PO BOX 123  
City-St-Zip: QUINCY, FL 323530123

Title: M ( ) Delete  
Name: BROWN, SHANNON  
Address: 109 EARNEST ST  
City-St-Zip: QUINCY, FL 32351

## 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:

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: JOHNNY SAILOR

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date