

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742488

FILED
Jan 14, 2009
Secretary of State

Entity Name: SMALL WORLD DAY CARE CENTER, INC.

Current Principal Place of Business:

501 S MATHUSHEK ST
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

P.O.B. 488
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-1884012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CHARLES E.
2671 SHERWOOD DRIVE,
BONIFAY, FL 32425 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: VT () Delete
Name: CONNELL, MILDRED
Address: 2945 SAND PATH ROAD
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: HALL, CHARLES H.
Address: 2731 BEALL POEBING RD
City-St-Zip: BONIFAY, FL

Title: PD () Delete
Name: HALL, CHARLES E.
Address: 2671 SHERWOOD DR
City-St-Zip: BONIFAY, FL

Title: S () Delete
Name: HEDRICK, MITTE
Address: 503 W. INDIANA AVE.
City-St-Zip: BONIFAY, FL 32425

Title: TD () Delete
Name: HALL, LOUISE H.
Address: 2671 SHERWOOD DR
City-St-Zip: BONIFAY, FL 32425

Title: () Delete
Name:
Address:
City-St-Zip:

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: S (X) Change () Addition
Name: HEDRICK, MITTIE
Address: 503 W. INDIANA AVE.
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: VERNE JOHNEON,
Address: 2681 MARIAN DRIVE
City-St-Zip: BONIFAY, FL 32425

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: LOUISE H. HALL

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date