2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# 742488

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
Name: CONNELL, MILDRED
Address: 2945 SAND PATH ROAD
City-St-Zip: BONIFAY, FL 32425

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

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

Title: S
Name: HEDRICK, MITTIE
Address: 503 W. INDIANA AVE.
City-St-Zip: BONIFAY, FL 32425

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

Title: TD
Name: VERNE JOHNEON
Address: 2681 MARIAN DRIVE
City-St-Zip: BONIFAY, FL 32425

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: LOUISE H. HALL TD 02/20/2012

Electronic Signature of Signing Officer or Director — Date