

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743453

FILED
Feb 02, 2004
Secretary of State

Entity Name: LITTLE ACORNS CHILDREN & FAMILY PROGRAMS, INC.

Current Principal Place of Business:

506 LAKE ELBERT DR E
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

506 LAKE ELBERT DR E
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-1836063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELINAS, RICK
506 LAKE ELBERT DRIVE E.
WINTER HAVEN, FL 33881 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: D () Delete
Name: AQUINO, AMY
Address: 4842 CANAL DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: C () Delete
Name: RUSSO, RICHARD
Address: 1515 N FEDERAL HWY #412
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: BRIDSON, LINDA
Address: 241 PALMETTO AVE
City-St-Zip: MIAMI SPRINGS, FL

Title: P () Delete
Name: GELINAS, RICK
Address: 506 E LAKE ELBERT DR NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: SADAKA, RON
Address: 8145 SWAPS WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: ROTHCHILD, HOWARD
Address: 1085 PAPAYA STREET
City-St-Zip: HOLLYWOOD, FL 33019

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 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 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: LINDA GELINAS

VP

02/02/2004

Electronic Signature of Signing Officer or Director

Date