# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jul 10, 2008 8:00 am**
**Secretary of State**
07-10-2008 90016 035 ****70.00

DOCUMENT # 743453

1. Entity Name

LITTLE ACORNS CHILDREN & FAMILY PROGRAMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 506 E LAKE ELBERT DR NE<br>WINTER HAVEN FL 33881 | 506 E LAKE ELBERT DR NE<br>WINTER HAVEN FL 33881 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1836063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GELINAS, RICK<br>506 E LAKE ELBERT DRIVE NE<br>WINTER HAVEN FL 33881 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Rick Gelinas 7/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By: May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NIXON, BILL<br>11018 HEATHROW STREET<br>ORLANDO FL 32837 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jennifer Beard<br>325 Ave A NW<br>Winter Haven FL 33881 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOCKWOOD, DOUGLAS A<br>141 5TH STREET NW<br>WINTER HAVEN FL 33880 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>K.S. Chandrasekhar, MD<br>320 1st St N<br>Winter Haven FL 33881 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REYNOLDS, JEAN<br>520 WINTER TERRACE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Alex Wheeler CPA<br>230 E. Tillman Ave<br>Lake Wales FL 33853 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GELINAS, RICK<br>506 E LAKE ELBERT DR NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~<br>~~Robbie Yelvington~~<br>~~430 N Wabash Ave~~<br>~~Lakeland FL 33815~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARMOUR, KERRY<br>262 LAKE ELBERT DRIVE NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Dan Mann<br>6967 Cypress Gardens Blvd.<br>Winter Haven FL 33884 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOPEZ, CHRISTOPHER<br>500 E CENTRAL AVE<br>WINTER HAVEN FL 33880 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Rick Gelinas 7/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date