2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 743453

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

Current Principal Place of Business:

506 E LAKE ELBERT DR NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

506 E LAKE ELBERT DR NE
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 E LAKE ELBERT DRIVE NE
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:	NIXON, BILL	
Address:	11018 HEATHROW STREET	
City-St-Zip:	ORLANDO, FL 32837 US	
Title:	D	( ) Delete
Name:	LOCKWOOD, DOUGLAS A	
Address:	141 5TH STREET NW	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	D	( ) Delete
Name:	REYNOLDS, JEAN	
Address:	520 WINTER TERRACE	
City-St-Zip:	WINTER HAVEN, FL 33881 US	
Title:	P	( ) Delete
Name:	GELINAS, RICK	
Address:	506 E LAKE ELBERT DR NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	ARMOUR, KERRY	
Address:	262 LAKE ELBERT DRIVE NE	
City-St-Zip:	WINTER HAVEN, FL 33881 US	
Title:	D	( ) Delete
Name:	LOPEZ, CHRISTOPHER	
Address:	500 E CENTRAL AVE	
City-St-Zip:	WINTER HAVEN, FL 33880 US	

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: RICK GELINAS P 03/23/2009

Electronic Signature of Signing Officer or Director — Date