

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743453

FILED
Jan 04, 2010
Secretary of State

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 (X)

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
Name: NIXON, BILL
Address: 11018 HEATHROW STREET
City-St-Zip: ORLANDO, FL 32837 US

Title: D
Name: LOCKWOOD, DOUGLAS A
Address: 141 5TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D
Name: REYNOLDS, JEAN
Address: 520 WINTER TERRACE
City-St-Zip: WINTER HAVEN, FL 33881 US

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

Title: D
Name: ARMOUR, KERRY
Address: 262 LAKE ELBERT DRIVE NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D
Name: LOPEZ, CHRISTOPHER
Address: 500 E CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880 US

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: RICK GELINAS

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date