2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743453

FILED Jun 14, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

506 E LAKE ELBERT DR NE WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

506 E LAKE ELBERT DR NE WINTER HAVEN, FL 33881

FEI Number: 59-1836063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELINAS, RICK 506 E LAKE ELBERT DRIVE NE WINTER HAVEN, FL 33881 US

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: [

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:

 Name:
 REYNOLDS, JEAN

 Address:
 520 WINTER TERRACE

 City-St-Zip:
 WINTER HAVEN, FL 33881 US

Title: F

Name: GELINAS, RICK

Address: 506 E LAKE ELBERT DR NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: [

Name: ARMOUR, KERRY

Address: 262 LAKE ELBERT DRIVE NE City-St-Zip: WINTER HAVEN, FL 33881 US

Title: [

 Name:
 MULLER, JEAN PAUL

 Address:
 558 E LAKE ELBERT DR NE

 City-St-Zip:
 WINTER HAVEN, FL 33881 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 06/14/2011