2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 751044

Entity Name: LAMB DAY CARE CENTER, INC.

Current Principal Place of Business:

601 CENTRE STREET
FERNANDINA BEACH, FL 320343938

New Principal Place of Business:

Current Mailing Address:

601 CENTRE STREET
FERNANDINA BEACH, FL 320343938

New Mailing Address:

FEI Number: 59-2229726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POMEROY, MONICA L
2636 - A 1ST AVE
FERNANDINA BEACH, FL 32034 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: TD ( ) Delete
Name: BALL, KATHY
Address: 1781 HAMMOCK DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD ( ) Delete
Name: OPALINSKI, BRETT
Address: 18 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: CT ( ) Delete
Name: HARRELL, PAUL
Address: 1544 BLUE HERON LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVCL ( ) Delete
Name: WOOD, MARSHALL E,
Address: 12 BELTED KINGFISHER
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: OM ( ) Delete
Name: POMEROY, MONICA L
Address: 2636 - A 1ST AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CT (X) Change ( ) Addition
Name: GALLIHER, WILLIS
Address: 1650 S. FLETCHER
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MELISSA SCHOL PD 02/18/2009
Electronic Signature of Signing Officer or Director — Date