

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N01000000333

Entity Name: LITTLE FRIENDS LEARNING CENTER OF CITRUS COUNTY, INC.

Current Principal Place of Business:

416 US HWY 41 SOUTH
INVERNESS, FL 33450

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130
INVERNESS, FL 33451

New Mailing Address:

FEI Number: 59-1873744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, TAMMY
1131 S. CORNELL TERRACE
INVERNESS, FL 34452 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: CELANO, VIC
Address: 416 US HWY 41 SOUTH
City-St-Zip: INVERNESS, FL 33450

Title: D () Delete
Name: CARLTON, KEN
Address: 416 US HWY 41 SOUTH
City-St-Zip: INVERNESS, FL 33450

Title: D () Delete
Name: ESQUILIN, BRAULIO
Address: 416 US HWY 41 SOUTH
City-St-Zip: INVERNESS, FL 34450

Title: P () Delete
Name: POWERS, LARRY G PASTOR
Address: 416 US HWY 41 S
City-St-Zip: INVERNESS, FL 34450

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:

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: TAMMY S. BOWMAN / OFFICE MANAGER

MRS.

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date