2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91215 028 ****61.25

DOCUMENT # N02000006895

1. Entity Name
LITTLE SHEPHERDS CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
15300 N. TAMIAMI TRAIL NAPLES, FL 34110	15300 N. TAMIAMI TRAIL NAPLES, FL 34110

04292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 32-0026534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CECIL, W. JEFFREY 5801 PELICAN BAY BLVD. NAPLES, FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAURIELLO, AMY 15300 N. TAMIAMI TRAIL NAPLES, FL 34110	☑ Delete	DIRECTOR W. JEFFREY CECIL 5801 PELICAN BAY BLVD. NAPLES FL 34108	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEAVERS, DOUGLAS 1823 PRINCESS CT. NAPLES, FL 34110	☑ Delete	DIRECTOR MICHELE DENCE 5321 LEEDS ROAD FT. MYERS FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEBB, DAVID 5230 TAMMARIND RIDGE DR. NAPLES, FL 34119	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FUTHEY, DOREEN 5230 TAMMARINE RIDGE DR. NAPLES, FL 34104	☑ Delete	DIRECTOR DEANNA FITZGERALD 5803 COVE CIRCLE NAPLES FL 34119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Meriwether S. Buchheit April 30, 2004 239-597-3219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #