

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006895

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** LITTLE SHEPHERDS CHILD DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

15300 N. TAMIAMI TRAIL  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

15300 N. TAMIAMI TRAIL  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 32-0026534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WALLIN, RICHARD F  
262 BAREFOOT BEACH BL #306  
BONITA SPRINGS, FL 34134      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: SD      ( ) Delete  
Name: SIMS, REX  
Address: 9797 ALHAMBRA  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D      ( ) Delete  
Name: SHROYER, HOMER  
Address: 27866 CARL CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D      ( ) Delete  
Name: DEAVERS, DOUG  
Address: 1823 PRINCESS CT  
City-St-Zip: NAPLES, FL 34110

Title: CD      ( ) Delete  
Name: WALLIN, RICHARD  
Address: 262 BAREFOOT BEACH BL #306  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D      ( ) Delete  
Name: MOORED, KEITH  
Address: 22637 FOREST VIEW DR  
City-St-Zip: ESTERO, FL 33928

Title: D      ( ) Delete  
Name: LENARD, JACQUIE  
Address: 25720 HICKORY BL #412B  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: TABER, LOIS  
Address: 2011 VIEWPOINT DRIVE  
City-St-Zip: NAPLES, FL 34110

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: RICHARD F WALLIN

CD

07/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date