

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90175 015 ****61.25

DOCUMENT # N02000006895 1. Entity Name LITTLE SHEPHERDS CHILD DEVELOPMENT CENTER, INC.																													
Principal Place of Business 15300 N. TAMiami TRAIL NAPLES, FL 34110			Mailing Address 15300 N. TAMiami TRAIL NAPLES, FL 34110																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 32-0026534																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent WALLIN, RICHARD F 262 BAREFOOT BEACH BL #306 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMS, REX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9797 ALHAMBRA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34135</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WILLIAM FARRELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>592 BEACH WALK CIRCLE N 201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34108</td> <td></td> </tr> </table> </div> </div>						TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	SIMS, REX		STREET ADDRESS	9797 ALHAMBRA		CITY-ST-ZIP	BONITA SPRINGS, FL 34135		TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	WILLIAM FARRELL		STREET ADDRESS	592 BEACH WALK CIRCLE N 201		CITY-ST-ZIP	NAPLES, FL 34108	
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CITY-ST-ZIP	NAPLES, FL 34108																												
TITLE	D	<input type="checkbox"/> Delete																											
NAME	TABER, LOIS																												
STREET ADDRESS	2011 VIEWPOINT DRIVE																												
CITY-ST-ZIP	NAPLES, FL 34110																												
TITLE	D	<input type="checkbox"/> Delete																											
NAME	DEAVERS, DOUG																												
STREET ADDRESS	1823 PRINCESS CT																												
CITY-ST-ZIP	NAPLES, FL 34110																												
TITLE	CD	<input type="checkbox"/> Delete																											
NAME	WALLIN, RICHARD																												
STREET ADDRESS	262 BAREFOOT BEACH BL #306																												
CITY-ST-ZIP	BONITA SPRINGS, FL 34134																												
TITLE	D	<input type="checkbox"/> Delete																											
NAME	MOORED, KEITH																												
STREET ADDRESS	22637 FOREST VIEW DR																												
CITY-ST-ZIP	ESTERO, FL 33928																												
TITLE	D	<input type="checkbox"/> Delete																											
NAME	LENARD, JACQUIE																												
STREET ADDRESS	25720 HICKORY BL #412B																												
CITY-ST-ZIP	BONITA SPRINGS, FL 34134																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<div style="display: flex; justify-content: space-between;"> <i>4/29/08</i> Daytime Phone # </div>																													