

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000007562

1. Entity Name

GOD'S LITTLE LAMBS LEARNING CENTER, INC.



Principal Place of Business

1056 N. PINE HILLS RD.  
ORLANDO, FL 32808

Mailing Address

1056 N. PINE HILLS RD.  
ORLANDO, FL 32808



02062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

75-3104924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHEALEY, JUDITH  
1721 BURNHAM STREET  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SHEALEY, JUDITH  
STREET ADDRESS 1721 BURNHAM STREET  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D  
NAME SHEALEY, LAWRENCE  
STREET ADDRESS 1721 BURNHAM STREET  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE DT  
NAME KINDELL, DORIS  
STREET ADDRESS 5835 HARRINGTON DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000235843  
02/18/05-80056-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #