

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007562

FILED
Mar 04, 2008
Secretary of State

Entity Name: GOD'S LITTLE LAMBS LEARNING CENTER, INC.

Current Principal Place of Business:

1056 N. PINE HILLS RD.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1056 N. PINE HILLS RD.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 75-3104924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEALEY, JUDITH
8312 LAINIE LANE
ORLANDO, FL 32818 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: SHEALEY, JUDITH
Address: 8312 LAINIE LANE
City-St-Zip: ORLADNO, FL 32818

Title: D () Delete
Name: SHEALEY, LAWRENCE
Address: 8312 LAINIE LANE
City-St-Zip: ORLADNO, FL 32818

Title: DT () Delete
Name: GETA, PATTERSON
Address: 8310 CHENILLE DR
City-St-Zip: ORLANDO, FL 32818

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:

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: JUDITH SHEALEY

OFFI

03/04/2008

Electronic Signature of Signing Officer or Director

Date