

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008384

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: BRIGHTER HORIZON OF ORANGE COUNTY, INC

**Current Principal Place of Business:**

597 SUNDOWN CT  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

597 SUNDOWN CT  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 13-4267105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST, BILL  
597 SUNDOWN CT  
APOPKA, FL 32712

**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: PCEO ( ) Delete  
Name: WEST, BILL  
Address: 597 SUNDOWN CT  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: LANG, STACEY  
Address: 3191 TABAGO CT  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: WESTMORELAND, BENJY  
Address: 10125 DEAN CHASE BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: C ( ) Delete  
Name: GOMEZ, OSVALDO M RN  
Address: 840 LAKE JACKSON CR  
City-St-Zip: APOPKA, FL 32703

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL WEST

PCEO

04/14/2004

Electronic Signature of Signing Officer or Director

Date