

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008384

FILED
May 16, 2005
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:

P.O. BOX 2794
APOPKA, FL 32704

FEI Number: 13-4267105 **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:

WEST, BILL
597 SUNDOWN CT
APOPKA, FL 32712 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: 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 (X) 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: STACEY A LANG

V

05/16/2005

Electronic Signature of Signing Officer or Director

Date