

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008970

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** THE LITTLE SCHOOL 4 LITTLE PEOPLE, INC.

**Current Principal Place of Business:**

450 WASHINGTON AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

450 WASHINGTON AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 13-4268896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAVENELL, JULIE  
450 WASHINGTON AVENUE  
HOMESTEAD, FL 33030 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: PD ( ) Delete  
Name: RAVENELL, DONALD  
Address: 450 WASHINGTON AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: S/T ( ) Delete  
Name: RAVENELL, JULIE  
Address: 450 WASHINGTON AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VP ( ) Delete  
Name: JACKSON, MICHELLE  
Address: 450 WASHINGTON AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S/T (X) Change ( ) Addition  
Name: RAVENELL, JASMINE D  
Address: 450 WASHINGTON AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

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: JULIE RAVENEL

ED

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date