

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010230

FILED
Apr 15, 2009
Secretary of State

Entity Name: LITTLE PEOPLES CHRISTIAN DAYCARE, INC.

Current Principal Place of Business:

38303 NORTH AVE
ZEPHYRHILLS, FL 33540 US

New Principal Place of Business:

Current Mailing Address:

8536 BRAGG ST
ZEPHYRHILLS, FL 33540 US

New Mailing Address:

FEI Number: 90-0174994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, GERRY L
8536 BRAGG ST
ZEPHYRHILLS, FL 33540-541 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: P () Delete
Name: HUDSON, GERRY L
Address: 8536 BRAGG ST
City-St-Zip: ZEPHYRHILLS, FL 33540-541 US

Title: DIR () Delete
Name: HUDSON, MARY N
Address: 8536 BRAGG ST
City-St-Zip: ZEPHYRHILLS, FL 33540-541 US

Title: TRES () Delete
Name: HEAD, JUDITH A
Address: 36509 AUDREY ROAD
City-St-Zip: DADE CITY, FL 33526 US

Title: DIR () Delete
Name: MC KINNON, LINDA
Address: 5314 BAYSTATE RD.
City-St-Zip: PALMETTO, FL 34221 US

Title: SECR () Delete
Name: FORD, MAUDE M
Address: CHANCEY RD
City-St-Zip: ZEPHYRHILLS, FL 33543 US

Title: D () Delete
Name: TYLER, EDWARD A
Address: 36509 AUDREY ROAD
City-St-Zip: DADE CITY, FL 33526 US

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
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Title: () Change () Addition
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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: GERRY L.HUDSON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date