2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010856

CHILDREN'S LIGHTHOUSE CHILDCARE LEARNING CENTER OF PEOPLE OF FAITH, INC.



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4072006 Chg-NP CR2E037 (11/05) A FEI Number 20-1911080 Applied for Not Appli	Principal Place of Business 228 WINDERMERE ROAD WINTER GARDEN, FL 34787		Mailing Address 228 WINDERMERE ROAD WINTER GARDEN, FL 34787				(#8 8 (1) 8 1 6 11 88 111 (83 18(8) 3 (1) 8		
City & State Ci	2. Principal Place of Business		3. Mailing Address									
Zip Courtry Zip Courtry S. Centificate of Status Desired Season S	Suite, Apt. #, etc.		Suite, Apt. #, etc.				04072006 Chg-NP CR2E037 (11/05)					
S. Certificate of Status Desired Fee Required	City & State		City & State				00.4044000					
Name Street Address (F.O. Box Number is Not Acceptable)	Zip	Country	Zip Co		intry							
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Numbe		6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New Reg	gistered A	Agent		
SUITE 100 MAITLAND, FL 32751 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Delete to Private Planch State of Florida	KOLTUN, JEFFREY M											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	1	contifue that the information supplied with	th this filing does not qualify									

indicated on this report or supplemental report is true and accurate and mark by signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90308 021 ****61.25

20029330

ATTACHMENT

M
GUSTAFSON, DEANNA#N04000010856
1347 SAND LIME D.
WINT-

WINTER GARDEN, FL 34787