

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010856

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

228 WINDERMERE ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

228 WINDERMERE ROAD
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-1911080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751 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: T () Delete
Name: DEPENDTHAL, FRITZ
Address: 228 WINDERMERE RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: BERGH, JOHAN REV
Address: 228 WINDERMERE RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: P () Delete
Name: MORRIS, JOHN
Address: 228 WINDERMERE RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: M () Delete
Name: GUSTAFSON, DEANNA
Address: 13181 MORO CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: V () Delete
Name: MILLHELM, SCOTT
Address: 712 LITTLE HAMPTON LANE
City-St-Zip: GOTH A, FL 34734

Title: S () Delete
Name: CAMPOS, ANGELINE
Address: 2650 SEAGROVE CT
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: WILLARD, CAROL
Address: 228 WINDERMERE RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: GUSTAFSON, DEANNA
Address: 13181 MORO CT
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: S (X) Change () Addition
Name: KITTENDORF, MARLENE
Address: 546 POLIO CT.
City-St-Zip: OCOEE, FL 34761

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: DEANNA GUSTAFSON

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date