

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 023 ****61.25

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07232007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000006781					
1. Entity Name MARY'S LITTLE LAMBS, INC.					
Principal Place of Business 307 SW 5TH ST. CHIEFLAND, FL 32626			Mailing Address 307 SW 5TH ST. CHIEFLAND, FL 32626		
2. Principal Place of Business - No P.O. Box # 12330 NW 62 AVE		3. Mailing Address			
Suite, Apt. #, etc. CHIEFLAND		Suite, Apt. #, etc.			
City & State FL		City & State			
Zip 32626	Country USA	Zip	Country	4. FEI Number 20-5079671	
6. Name and Address of Current Registered Agent BEAUCHAMP, ROBERT J. 105 E. PARK AVE. CHIEFLAND, FL 32626				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, MARY		NAME	GOLDING, MARY	
STREET ADDRESS	4712 PIEDMONT CT.		STREET ADDRESS	307 SW 5 ST	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUCHAMP, ROBERT J.		NAME		
STREET ADDRESS	105 E. PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary R Golding</i>			Date: 7-23-07		Daytime Phone #: 352-486-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
<i>Mary R Golding</i>					