

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009072

FILED
Mar 30, 2009
Secretary of State

Entity Name: LITTLE STAR CENTER INC.

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

11512 LAKE MEAD AVENUE
SUITE 801
JACKSONVILLE, FL 32256 US

Current Mailing Address:

6347 AUTUMN BERRY CIRCLE
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-5443684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEARS, CHARLES A
2011 GIBSON ROAD
JACKSONVILLE, FL 32207 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,TR () Delete
Name: SANDERS, LAURA C
Address: 6347 AUTUMN BERRY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP,S () Delete
Name: WATTS, TIFFANY W
Address: 1286 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: COUGHLIN, AUSTIN
Address: 1478 RIVERPLACE BLVD, UNIT 1401
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: AS () Change (X) Addition
Name: DAWES, BRIAN
Address: 8208 WHITE FALLS BLVD, UNIT 105
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: AS () Change (X) Addition
Name: PETWAY, TY
Address: 1911 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: AS () Change (X) Addition
Name: WATTS, RANDY
Address: 1286 GARRISON DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: AS () Change (X) Addition
Name: WILCOX, BRIAN
Address: 5403 SOUTH BEND CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207 US

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: LAURA C SANDERS, BCABA

P,TR

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date