

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007072

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE CIRCLE OF LITTLE FRIENDS, INC

**Current Principal Place of Business:**

16645 TANGERINE BLVD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16645 TANGERINE BLVD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 27-0660597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORENCY, TONY  
16645 TANGERINE BLVD  
LOXAHATCHEE, FL 33470 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  
Name: MORENCY, TONY  
Address: 16645 TANGERINE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP  
Name: MORENCY, RUFFIN  
Address: 16645 TANGERINE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD  
Name: METAYER, FRITZ  
Address: 16645 TANGERINE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD  
Name: PIERRE-MORENCY, KERLINE  
Address: 16645 TANGERINE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

**SIGNATURE:** TONY MORENCY

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date