

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002321

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** GOD'S TOTS LEARNING CENTER, INC.

**Current Principal Place of Business:**

875 E MAIN STREET  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2096  
BARTOW, FL 33831

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TRIPLETT, TONNIA A  
2171 BROOKE ROAD NORTH  
FT MEADE, FL 33841 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: PRES  
Name: TRIPLETT, TONNIA A  
Address: 2171 BROOKE ROAD NORTH  
City-St-Zip: FT MEADE, FL 33841

Title: VP  
Name: COLLINS, WRYNN  
Address: 326 LUKE STREET  
City-St-Zip: FROSTPROOF, FL 33843

Title: AVP  
Name: TRIPLETT, RONALD  
Address: 2171 BROOKE ROAD NORTH  
City-St-Zip: FT MEADE, FL 33841

Title: TRES  
Name: COLLINS, SHERRIE  
Address: 326 LUKE STREET  
City-St-Zip: FROSTPROOF, FL 33843

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: TONNIA A TRIPLETT

PRES

03/21/2012

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

\_\_\_\_\_  
Date