

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24158

FILED
Jan 26, 2009
Secretary of State

Entity Name: ORLANDO DAY NURSERY FOUNDATION, INC.

Current Principal Place of Business:

626 LAKE DOT CIRCLE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

626 LAKE DOT CIRCLE
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2865202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAYNE, BILLIE H.
626 LAKE DOT CIRCLE
ORLANDO, FL 32801 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: PD () Delete
Name: ASHER, MARY JO
Address: 2221 SANTA ANTILLES
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: EUBANKS, PATRICIA,
Address: 2180 TUSCARORA TR
City-St-Zip: MAITLAND, FL

Title: VD () Delete
Name: CHAYNE, BILLIE
Address: 12564 BOHANNON BOULEVARD
City-St-Zip: ORLANDO, FL

Title: D (X) Delete
Name: WING, JANE W.,
Address: 1224 ROYAL OAK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: HARTER, SHIRLEY
Address: 9445 LAKE HICKORY NUT DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: KILBEY, JANE
Address: 750 FOREST DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EUBANKS, PATRICIA
Address: 2180 TUSCARORA TR
City-St-Zip: MAITLAND, FL

Title: TD (X) Change () Addition
Name: WING, JANE W
Address: 1224 ROYAL OAK DR
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

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

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: JANE W WING

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date