

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24158

FILED  
Jan 23, 2010  
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  
Name: EUBANKS, PATRICIA  
Address: 2180 TUSCARORA TR  
City-St-Zip: MAITLAND, FL

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

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

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

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

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: JANE W. WING

TREA

01/23/2010

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

\_\_\_\_\_  
Date