

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24158

FILED
Jan 18, 2012
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: D
Name: CHAYNE, BILLIE
Address: 12564 BOHANNON BOULEVARD
City-St-Zip: ORLANDO, FL

Title: VD
Name: PECORA, ANN
Address: 5225-113 OAK TERRACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: S
Name: NOTICE, LORRAINE
Address: 1163 FOXFORREST CIRCLE
City-St-Zip: APOPKA, FL 32712

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

TD

01/18/2012

Electronic Signature of Signing Officer or Director

Date