## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27207

FILED Mar 29, 2010 Secretary of State

Entity Name: ORLANDO DAY NURSERY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

626 LAKE DOT CIRCLE ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

626 LAKE DOT CIRCLE ORLANDO, FL 32801 US

FEI Number: 59-0651096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NOTICE, LORRAINE A

626 LAKE DOT CIRCLE

ORLANDO, FL 32801 US

DENNIS, MATA M

626 LAKE DOT CIRCLE

ORLANDO, FL 32801 US

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: MATA DENNIS 03/29/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: AHL, RICHARD A JR.

Address: 427 S. NEW YORK AVE. SUITE 202

City-St-Zip: WINTER PARK, FL 32789

Title:

Name: CRAIN, SHANE
Address: 14232 MAILER BLVD
City-St-Zip: ORLANDO, FL 32828

Title: VP

Name: NOTICE, LORRAINE A Address: 1163 FOXFORREST CIRCLE

City-St-Zip: APOPKA, FL 32712

Title: RS

Name: RIGDON, AMY R

Address: 200 S. ORANGE AVE. SUITE 2600

City-St-Zip: ORLANDO, FL 32801

Title:

Name: GREEN, MICHAEL L

Address: 450 S ORANGE AVE, 4TH FLOOR

City-St-Zip: ORLANDO, FL 32801

Title: ED

 Name:
 DENNIS, MATA M

 Address:
 917 KENSINGTON DR.

 City-St-Zip:
 ORLANDO, FL 32808

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: LORRAINE NOTICE VP 03/29/2010