2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N27207

Entity Name: ORLANDO DAY NURSERY ASSOCIATION, 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: 59-0651096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENNIS, MATA M
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: P
Name: KIRBY, STEVEN
Address: 195 INTERNATIONAL PARKWAY, SUITE 202
City-St-Zip: HEATHROW, FL 32746

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

Title: VP
Name: VEREEN, DEBRA J
Address: 2740 HOFFMAN DR.
City-St-Zip: ORLANDO, FL 32837

Title: RS
Name: RIGDON, AMY R
Address: 200 S. ORANGE AVE. SUITE 2600
City-St-Zip: ORLANDO, FL 32801

Title: T
Name: RODEGHIER, AMY J
Address: 2615 MIDDLESEX RD.
City-St-Zip: ORLANDO, FL 32803

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: MATA DENNIS ED 01/06/2012

Electronic Signature of Signing Officer or Director Date