


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90076 017 ****61.25

DOCUMENT # N27952 1. Entity Name LITTLE DISCIPLES PRE-SCHOOL, INC.			
Principal Place of Business C/O JIM SCOTT 4835 BENEVA ROAD SARASOTA, FL 34233 US		Mailing Address C/O JIM SCOTT 4835 BENEVA ROAD SARASOTA, FL 34233 US	
2. Principal Place of Business - No P.O. Box # Little Disciples Preschool Suite, Apt. #, etc. 4835 Beneva Rd		3. Mailing Address Suite, Apt. #, etc. 	
City & State Sarasota, FL		City & State 	
Zip 34233		Country US	
4. FEI Number 59-1778779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBINS, RUSSELL 2327 OAK TERR SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Cindy M. McDowell Street Address (P.O. Box Number is Not Acceptable) 4835 Beneva Rd City Sarasota FL Zip Code 34233	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Cindy M. McDowell</u> <u>Cindy M. McDowell</u> <u>4/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME ROBBINS, RUSSELL STREET ADDRESS 2327 OAK TERRACE CITY-ST-ZIP SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Kathy Bearden STREET ADDRESS 3237 Mayflower St CITY-ST-ZIP Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME ONEIL, GLENN STREET ADDRESS 2284 GONDOLA DR CITY-ST-ZIP SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Melanie Bussiere STREET ADDRESS 6586 Sweetwater Oak Drive CITY-ST-ZIP Sarasota FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AD NAME MCDOWELL, CINDY M STREET ADDRESS 5784 WHISTLEWOOD CR CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete	TITLE D NAME McDowell CINDY M. STREET ADDRESS 1015 Beckley Circle CITY-ST-ZIP Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Bob Evans STREET ADDRESS 4387 Pasadena Circle CITY-ST-ZIP Sarasota FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Elsie McDonald STREET ADDRESS 2133 Stratford Drive CITY-ST-ZIP Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Dean Platt STREET ADDRESS 3733 Malec Circle CITY-ST-ZIP Sarasota, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Cindy M. McDowell</u> <u>Cindy M. McDowell</u> <u>4/11/07</u> <u>(941) 924-9290</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

40062610
#N27952

#11. Addition

D

Barbara Clements
4324 Bowling Green Circle
Sarasota, FL 34233