

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27952

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LITTLE DISCIPLES PRE-SCHOOL, INC.

## Current Principal Place of Business:

C/O LITTLE DISCIPLES PRESCHOOL  
4835 BENEVA ROAD  
SARASOTA, FL 34233 US

## New Principal Place of Business:

## Current Mailing Address:

C/O LITTLE DISCIPLES PRESCHOOL  
4835 BENEVA ROAD  
SARASOTA, FL 34233 US

## New Mailing Address:

FEI Number: 59-1778779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDOWELL, CINDY M  
4835 BENEVA ROAD  
SARASOTA, FL 34233 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: D ( ) Delete  
Name: BEARDEN, KATHY  
Address: 3237 MAYFLOWER STREET  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: MELANIE, BUSSIERE  
Address: 5586 SWEETWATER OAK DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: P ( ) Delete  
Name: MCDOWELL, CINDY M  
Address: 1015 BECKLEY CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: EVANS, BOB  
Address: 4387 PASADENA CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete  
Name: MCDONALD, ELSIE  
Address: 2133 STRATFORD DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: PLATT, DEAN  
Address: 3733 MALEC CIRCLE  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STURM, ERIN  
Address: 4120 LANAI DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CINDY M. MCDOWELL

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date