

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000701

FILED
Apr 16, 2009
Secretary of State

Entity Name: TWIGGS LEARNING TREE CHILD CARE AND KINDERGARTEN, INC.

Current Principal Place of Business:

101 - 10TH ST.
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

101 - 10TH ST.
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-0020770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWIGGS, EDWARD W
8640 MAN-O-WAR-ROAD
WEST PALM BEACH, FL 33418 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: T () Delete
Name: CUNNINGHAM, JOHN W
Address: 1897 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BCH, FL 33401

Title: P () Delete
Name: PALMORE, BELINDA
Address: 2954 TORREY PINE LANE
City-St-Zip: LANTANA, FL 33462

Title: MOB () Delete
Name: CUNNINGHAM, BARBARA
Address: 1444 40TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: TWIGGS, EDWARD W.
Address: 8640 MAN O WAR RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MOB () Delete
Name: TWIGGS, EUNICE P.
Address: 8640 MAN O WAR RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: GRANT, VALENICA
Address: 1003 RIVERSIDE DR.
City-St-Zip: GREENACRE, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: EDWARD TWIGGS

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date