

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000001052

1. Entity Name

PETER PAN DAY CARE CENTER, INC.



Principal Place of Business

**1602 BRUTON BLVD.
ORLANDO, FL 32805**

Mailing Address

**1602 BRUTON BLVD.
ORLANDO, FL 32805**



02042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3428702

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIPLIN, GARY A
169 E. FLAGLER ST
STE 1121
MIAMI, FL 33103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, LILLIE PEARL
STREET ADDRESS	700 EAST ALPINE STREET
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VD
NAME	VENSON, MAXINE
STREET ADDRESS	1602 BRUTON BLVD.
CITY- ST- ZIP	ORLANDO, FL 32805
TITLE	SD
NAME	LAMAR-CONWAY, LILLIE J
STREET ADDRESS	1933 WILLIAMS MANOR AVE.
CITY- ST- ZIP	ORLANDO, FL 32811
TITLE	D
NAME	LUCIOUS, CONWAY
STREET ADDRESS	1933 WILLIAMS MANOR AVE.
CITY- ST- ZIP	ORLANDO, FL 32811
TITLE	T
NAME	MORRIS, LINDA
STREET ADDRESS	4425 TERESA BLVD
CITY- ST- ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**U000000220371
02/08/05-80067-012 70.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Lillie P. Williams - Lillie P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-293-3492
2-4-05**