2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001052

1. Entity Name
PETER PAN DAY CARE CENTER, INC.

FILED
Jul 24, 2008 08:00 AM
Secretary of State

Principal Place of Business
1602 BRUTON BLVD.
ORLANDO, FL 32805

Mailing Address
1602 BRUTON BLVD.
ORLANDO, FL 32805

07092008 No Chg-NP CR2E037 (4/06)

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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

WILLIAMS, LILLIE P
700 ALPINE ST
ALTAMONTE SPRINGS, FL 32701

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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 the title applicable (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $61.25
Due by September 12, 2008

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	

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07/24/08-80004-015 61.25

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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: Lillie P. Williams Lillie P. Williams 7-19-08 407.293.3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #