

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001052

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** PETER PAN DAY CARE CENTER, INC.

**Current Principal Place of Business:**

1602 BRUTON BLVD.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1602 BRUTON BLVD.  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 59-3428702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, LILLIE P  
700 ALPINE ST  
ALTAMONTE SPRINGS, FL 32701 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: PD  
Name: WILLIAMS, LILLIE PEARL  
Address: 700 EAST ALPINE STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD  
Name: VENSON, MAXINE  
Address: 1602 BRUTON BLVD.  
City-St-Zip: ORLANDO, FL 32805

Title: SD  
Name: LAMAR-CONWAY, LILLIE J  
Address: 1933 WILLIAMS MANOR AVE.  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: JACKSON, MARSHA  
Address: 1833 WILLIAMS MANOR AVE.  
City-St-Zip: ORLANDO, FL 32811

Title: T  
Name: MORRIS, LINDA  
Address: 4425 TERESA BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: LEAVY, SALLY  
Address: 1521 BRUTON BLVD.  
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: LILLIE P. WILLIAMS

PD

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date