

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002113

FILED
Jun 17, 2009
Secretary of State

Entity Name: LITTLE ACHIEVERS PRESCHOOL, INC.

Current Principal Place of Business:

3905 E REGNAS AVE.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 517
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0744670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: S () Delete
Name: BABB, LAKEITHA
Address: 281 ADAMS PLACE
City-St-Zip: PAHOKEE, FL 33476

Title: P () Delete
Name: JOHNSON, CHARLES
Address: 1280 LAKE BREEZE DR
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: THOMAS, WENDY
Address: 8740 GLADES DRIVE, APT 59
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: PARKER, HENRY
Address: 871 PALM BLVD
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: JONES, VENSON
Address: 3031 SEVILLE STREET
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: STEVENS, NORA
Address: 220 STATE MARKET ROAD
City-St-Zip: PAHOKEE, FL 33476

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
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: SABRENA DARVILLE

D

06/17/2009

Electronic Signature of Signing Officer or Director

Date