

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000056710

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: LITTLE LAMBS CHRISTIAN ENRICHMENT CENTER, INC.

Current Principal Place of Business:

2551 HAVENDALE BLVD NW
WINTER HAVEN, FL 33880

New Principal Place of Business:

2555 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

Current Mailing Address:

2551 HAVENDALE BLVD NW
WINTER HAVEN, FL 33880

New Mailing Address:

2555 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

FEI Number: 59-3724023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, MAUREEN
2551 HAVENDALE BLVD NW
WINTER HAVEN, FL 33880

Name and Address of New Registered Agent:

HOROWITZ, MAUREEN
2555 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

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: _____

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOROWITZ, MAUREEN
Address: 564 SOMERSET DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: VSTD () Delete
Name: TAYLOR, BARBARA
Address: 1021 BILTMORE LANE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN HOROWITZ

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date