

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166662

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GINGERBREAD CHILDCARE, INC.

**Current Principal Place of Business:**

138 E. FRENCH AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

138 E. FRENCH AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 20-3992199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WELLMAKER, KATHY  
2441 INDIA  
DELTONA, FL 32738      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WELLMAKER, KATHY  
Address: 2441 INDIA  
City-St-Zip: DELTONA, FL 32738

Title: V ( ) Delete  
Name: HELLER, FRED  
Address: 2441 INDIA  
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete  
Name: WELLMAKER, ANGELA  
Address: 138 E. FRENCH AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: S (X) Delete  
Name: VUTURO, JOSEPHINE  
Address: 138 E. FRENCH AVE.  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WELLMAKER, ANGELA M  
Address: 138 E. FRENCH AVE.  
City-St-Zip: ORANGE CITY, FL 32763 VO

Title: S (X) Change ( ) Addition  
Name: VUTURO, JOSEPHINE  
Address: .138 E. FRENCH AVE.  
City-St-Zip: ORANGE CITY, FL 32763

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA WELLMAKER

S

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date