

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024479

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: LITTLE DISCIPLES LEARNING CENTER, INC.

## Current Principal Place of Business:

1009 BAYBERRY LOOP  
CLEWISTON, FL 33440

## New Principal Place of Business:

515 VALENCIA ST  
CLEWISTON, FL 33440

## Current Mailing Address:

1009 BAYBERRY LOOP  
CLEWISTON, FL 33440

## New Mailing Address:

P.O BOX 1297  
CLEWISTON, FL 33440

FEI Number: 26-2069622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GREAVES, KARTRICE  
1009 BAYBERRY LOOP  
CLEWISTON, FL 33440 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: P ( ) Delete  
Name: GREAVES, JEREMY SR.  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, GL 33440

Title: V ( ) Delete  
Name: GREAVES, KATRICE  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, GL 33440

Title: S ( ) Delete  
Name: WRISPER, SYLVIA  
Address: 901 HARLEM ACADEMY AVE.  
City-St-Zip: CLEWISTON, GL 33440

## 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:

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: KARTRICE M GREAVES

VP

03/09/2009

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

\_\_\_\_\_  
Date