

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024479

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** LITTLE DISCIPLES LEARNING CENTER, INC.

**Current Principal Place of Business:**

515 VALENCIA ST  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1297  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 26-2069622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GREAVES, JEREMY SR.  
**Address:** 1009 BAYBERRY LOOP  
**City-St-Zip:** CLEWISTON, GL 33440

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

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

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

**SIGNATURE:** KARTRICE GREAVES

V

03/09/2012

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

\_\_\_\_\_  
Date