

DOCUMENT # P99000042281

1. Entity Name

LITTLE ANGELS' ACADEMY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90077 003 ***150.00

Principal Place of Business

Mailing Address

4383 SEABREEZE DRIVE
JACKSONVILLE FL 322504383 SEABREEZE DRIVE
JACKSONVILLE FL 32250-2129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574733

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NULAND, CHRISTOPHER L
 1000 RIVERSIDE AVE. STE. 200
 JACKSONVILLE FL 32204

Name

Richard H. Warfel

Street Address (P.O. Box Number is Not Acceptable)

4383 Seabreeze Drive

City

Jacksonville

FL

Zip Code

32250

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D President** ☐ Delete
 NAME **WARFEL, JOANNA T**
 STREET ADDRESS **4383 SEABREEZE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **Richard H. Warfel** ☐ Change ☒ Addition
 NAME **WARFEL, JOANNA T**
 STREET ADDRESS **4383 Seabreeze Drive**
 CITY-ST-ZIP **Jacksonville, FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secty / TREAS.** ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

904-223-1474

Daytime Phone #

CR2E034 (9/99)