

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728160

**Entity Name:** TINY TOTS NURSERY, INC.

**Current Principal Place of Business:**

100 S. MADISON ST.  
QUINCY, FL 32351

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC4519233375**

**Current Mailing Address:**

P.O. BOX 471  
QUINCY, FL 32353

**FEI Number: 23-7358130**

**Certificate of Status Desired: No**

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

HARRELL, FRANCES  
100 SOUTH MADISON STREET  
QUINCY, FL 32351 US

*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

**Officer/Director Detail :**

Title VP  
Name WILLIAMS, MONICA  
Address 2663 MCCALL BRIDGE RD  
City-State-Zip: QUINCY FL 32351

Title DP  
Name SAILOR, JOHNNY  
Address 1228 BERRY STREET  
City-State-Zip: QUINCY FL 32351

Title M  
Name FORD, IRENE  
Address 544 SELMA ROAD  
City-State-Zip: QUINCY FL 32351

Title SD  
Name HARRELL, FRANCES  
Address PO BOX 123  
City-State-Zip: QUINCY FL 32353-0123

Title M  
Name BROWN, SHANNON  
Address 109 EARNEST ST  
City-State-Zip: QUINCY FL 32351

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

**SIGNATURE: JOHNNY SAILOR**

**PRESIDENT**

**04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date