

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010420

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

**Current Principal Place of Business:**

2179 EMERSON ST  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2179 EMERSON ST  
JACKSONVILLE, FL 32207

**FEI Number:** 61-1700519

**Certificate of Status Desired:** Yes

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

ROBINSON, EDWARD SR  
2179 EMERSON STREET  
JACKSONVILLE, FL 32207 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 P  
Name ROBINSON, EDWARD SR  
Address 2179 EMERSON STREET  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name FAYSON, JR, NED  
Address 7518 KNOLL DRIVE N  
City-State-Zip: JACKSONVILLE FL 32221

Title T  
Name NEAL, DONNEL  
Address 960 COLLINSWOOD DR. W.  
City-State-Zip: JACKSONVILLE FL 32225

Title CORRESPONDING SECRETARY  
Name LEE, MARTHA  
Address 7061 OLD KINGS ROAD S.  
#211  
City-State-Zip: JACKSONVILLE FL 32217

Title EXECUTIVE SECRETARY  
Name WATERS, WANDA  
Address 7632 SOUTHSIDE BLVD  
#422  
City-State-Zip: JACKSONVILLE FL 32256

*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:** EDWARD ROBINSON, SR.

**PRESIDENT**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date