


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

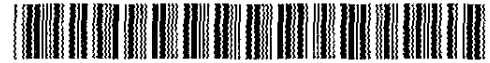
DOCUMENT # N99000001014

1. Entity Name
TEDDY BEAR DAY CARE COMMUNITY CENTER, INC.



Principal Place of Business 4519 FOREST LANE LAKE WORTH, FL 33463	Mailing Address 4519 FOREST LANE LAKE WORTH, FL 33463
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DO NOT WRITE IN THIS SPACE



07282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0897211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KATHLEEN, MARRERO
 4519 FOREST LANE
 LAKE WORTH, FL 33463**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARRERO, KATHREEN 10719 TARVIS TR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARRERO, PATRICIA 10719 TARVIS TR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARRERO, CASIMIRO 10719 TAMIS TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARRERO, PAMELA 10719 TAMIS TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/02/04-80014-024 61.25

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Marrero* **KATHLEEN MARRERO** *7/28/04* *5062660770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #