


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90013 020 ****70.00

DOCUMENT # 709381					
1. Entity Name ST. ALBAN'S DAY NURSERY, INC.					
Principal Place of Business 3465 BROOKER ST MIAMI, FL 33133-4867		Mailing Address 3465 BROOKER ST MIAMI, FL 33133-4867			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0766992	
Applied For Not Applicable				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	02152005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKINNON, SAMUEL 22680 SW 114TH CT MIAMI, FL 33170			Name Tameia Dawson		
			Street Address (P.O. Box Number is Not Acceptable) 3745 Thomas Avenue		
			City Miami, FL 33133		
			City		Zip Code FL
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 <i>Tameia Dawson</i>		Date 2/16/2005			
Signature typed or printed name of registered agent and title if applicable <i>Tameia Dawson, Registered Agent</i>		NOTE: Registered Agent signature required when re-registering		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILL		NAME	Rev. Bernard Griffith	
STREET ADDRESS	3342 THOMAS AVE		STREET ADDRESS	3481 Hibiscus Street	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33133	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, BERNARD F REV.		NAME	Will Johnson	
STREET ADDRESS	3481 HIBISCUS ST		STREET ADDRESS	3342 Thomas Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	Miami, FL 33133	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ-PACHON, RAQUEL		NAME		
STREET ADDRESS	5842 SW 31 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, JENNING		NAME		
STREET ADDRESS	3471 OAK AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, MCKINNON		NAME		
STREET ADDRESS	22680 SW 114TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33170		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONSKY, DANIEL F		NAME		
STREET ADDRESS	2699 S BAYSHORE DR- PENTHOUSE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
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: <i>Will Johnson</i>		Date: 2/16/05		Daytime Phone: (305) 446-3311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40020822

709381

**ST. ALBAN'S CHILD ENRICHMENT CENTER
BOARD OF DIRECTORS
2004-2005**

OFFICERS:

REV. BERNARD M. GRIFFITH, PRESIDENT

Director

Christ Episcopal Church

3481 Hibiscus Street

Coconut Grove, FL 33133

WILL JOHNSON, VICE-PRESIDENT

Aide to Commissioner Carlos A. Giménez

Miami-Dade County Commissioner

3342 Thomas Avenue

Miami, FL 33133

MILES C. JENNINGS, JR., TREASURER

Jennings Construction/Owner

3471 Oak Avenue

3575 Plaza Street (Office)

Miami, FL 33133

BOARD MEMBERS

PATRICK A. WHITE

United States District Court

Southern District of Florida

300 NE 1st Avenue, Room 132

Miami, FL 33132

JULIO ROBAINA

402 House Office Building - Capitol Office Suite #19 - District Office

402 South Monroe Street

6741 SW 24th Street

Tallahassee, FL 32399-1300

Miami, FL 33175

ATTACHMENT

40020822
#709381

CARLOS A. VILCHES, CPCM, CPPO, C.P.M.
Manager, Purchasing & Contracts Division
Finance Department
City of Miramar
6700 Miramar Parkway
Miramar, FL 33023-4897

SEAN L. GREENE, CPA
Associate
Price Waterhouse, Coopers LLP
1st Union Financial Center, Suite 1900
200 S. Biscayne Blvd.
Miami, FL 33131-2330

Mailing Address:
4951 SW 185th Avenue
Miramar, FL 33029

STACE SMITH
Party City
2917 Whitehead Street
Miami, FL 33133

Maurice Austin
Police Officer
3692 B Grand Avenue
Miami, FL 33133