

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709381

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ST. ALBAN'S DAY NURSERY, INC.

**Current Principal Place of Business:**

3465 BROOKER ST  
MIAMI, FL 331334867

**New Principal Place of Business:**

**Current Mailing Address:**

3465 BROOKER ST  
MIAMI, FL 331334867

**New Mailing Address:**

FEI Number: 59-0766992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BLANTON, SHARIE  
3465 BROOKER ST  
MIAMI, FL 33133    US

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

SANDS, FRANKLIN F DIRECTO  
3465 BROOKER ST  
MIAMI, FL 33133    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: DR. FRANKLIN F. SANDS

01/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P            ( ) Delete  
Name: GREENE, SEAN  
Address: 4951 SW 185TH AVE  
City-St-Zip: MIRAMAR, FL 33029

Title: T            ( ) Delete  
Name: MILES, JENNING  
Address: 3471 OAK AVE  
City-St-Zip: MIAMI, FL 33133

Title: S            ( ) Delete  
Name: QUESENBERRY, BILL  
Address: 1315 CAMPO SANO AVE.  
City-St-Zip: MIAMI, FL 33146

Title: P            ( ) Delete  
Name: CONNER-LANE, CRYSTAL  
Address: 1441 BRICKELL AVE., 15TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: VP            ( ) Delete  
Name: VILCHEA, CARLOS  
Address: 6700 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 330329897

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANKLIN F. SANDS

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date