


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90275 021 ****61.25

DOCUMENT # 716454 1. Entity Name CARVER RANCHES DAY CARE CENTER AND KINDERGARTEN ASSOCIATION, INC.			
Principal Place of Business 4033 S.W. 22ND ST WEST HOLLYWOOD, FL 33023		Mailing Address 4033 S.W. 22ND ST WEST HOLLYWOOD, FL 33023	
2. Principal Place of Business 4033 S.W. 22 ST.		3. Mailing Address 4033 S.W. 22 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West PARK, FL		City & State West PARK, FL	
Zip 33023		Zip 33023	
Country U.S		Country U.S	
4. FEI Number 59-1220068		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC DONALD, RUTHIE 4033 S.W. 22ND ST. W. HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MD <input type="checkbox"/> Delete NAME SMITH, ELEHUE STREET ADDRESS 3807 SW 27TH ST CITY-ST-ZIP HOLLYWOOD, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD <input type="checkbox"/> Delete NAME SOMERSET, BETTY STREET ADDRESS 151 NE 214 STREET CITY-ST-ZIP MIAMI, FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD <input type="checkbox"/> Delete NAME HEMMINGWAY, CONNIE STREET ADDRESS 4011 NW 187 TERRACE CITY-ST-ZIP MIAMI, FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D <input type="checkbox"/> Delete NAME MCDONALD, RUTHIE STREET ADDRESS 4141 S.W. 28TH ST. CITY-ST-ZIP WEST HOLLYWOOD, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE M <input checked="" type="checkbox"/> Delete NAME CORDY, NELLIE STREET ADDRESS 5170 S.W. 24TH STREET CITY-ST-ZIP HOLLYWOOD, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD <input type="checkbox"/> Delete NAME HICKS, GENEVA STREET ADDRESS 20362 NW 39TH CT CITY-ST-ZIP MIAMI, FL 33053	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		TITLE M <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Suzanne Stephens STREET ADDRESS PO Box 833935 CITY-ST-ZIP Hollywood, FL 33083	
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>Ruthie McDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/18/05 <small>Date Daytime Phone #</small>	