

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90247 034 \*\*\*\*61.25

<b>DOCUMENT # 716454</b> 1. Entity Name <b>CARVER RANCHES DAY CARE CENTER AND KINDERGARTEN ASSOCIATION, INC.</b>					
Principal Place of Business <b>4033 S.W. 22ND ST WEST PARK, FL 33023</b>			Mailing Address <b>4033 S.W. 22ND ST WEST PARK, FL 33023</b>		
2. Principal Place of Business - No P.O. Box # <b>2201 S.W. 42 AVENUE</b>		3. Mailing Address <b>2201 S.W. 42 AVENUE</b>			
Suite, Apt. #, etc. <b>#501</b>		Suite, Apt. #, etc. <b>#501</b>			
City & State <b>WEST PARK, Florida</b>		City & State <b>WEST PARK, Florida</b>		4. FEI Number <b>59-1220068</b>	
Zip <b>33023</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33023</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, RUTHIE 2201 SW 42ND AVE WEST PARK, FL 33023</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 if applicable (NOTE: Registered Agent signature required when constituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MD SEARS, ERIC 2760 NW 210TH TERR MIAMI, FL 33056</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD SOMERSET, BETTY 151 NE 214 STREET MIAMI, FL 33056</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>TD HEMMINGWAY, CONNIE 4011 NW 187 TERRACE MIAMI, FL 33056</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>TD JONES, JEROME 3700 S.W. 26 Street WEST PARK, FL 33023</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D MCDONALD, RUTHIE 4141 S.W. 28TH ST. WEST HOLLYWOOD, FL 33023</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD HICKS, GENEVA 20362 NW 39TH CT MIAMI, FL 33053</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD SEARS, Audrey 2760 N.W. 210th TERRACE MIAMI, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Ruthie McDonald</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/04/07</b></span> <span><b>(954) 963-1063</b></span> </div> <small>Date Daytime Phone #</small>		