2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 716454

Entity Name: CARVER RANCHES DAY CARE CENTER AND KINDERGARTEN ASSOCIATION, INC.

Current Principal Place of Business:

2201 S.W. 42 AVE
#501
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

2201 S.W. 42 AVE
#501
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 59-1220068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONALD, RUTHIE
2201 SW 42ND AVE
WEST PARK, FL 33023 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: SEARS, ERIC
Address: 2760 NW 210TH TERR
City-St-Zip: MIAMI, FL 33056

Title: PD ( ) Delete
Name: SOMERSET, BETTY
Address: 151 NE 214 STREET
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: MCDONALD, RUTHIE
Address: 4141 S.W. 28TH ST.
City-St-Zip: WEST HOLLYWOOD, FL 33023

Title: SD ( ) Delete
Name: HICKS, GENEVA
Address: 20362 NW 39TH CT
City-St-Zip: MIAMI, FL 33053

Title: SD ( ) Delete
Name: SEARS, AUDREY
Address: 2760 N.W. 210TH TERRACE
City-St-Zip: MIAMI, FL 33086

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: BETTY SOMERSET PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date