

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716454

FILED
Mar 23, 2012
Secretary of State

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
Name: JAMES, MICHELLE
Address: 4410 SW 125 LANE
City-St-Zip: MIRAMAR, FL 33027

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

Title: VP
Name: MCDOWELL, ODDIBE
Address: 5240 SW 18 ST
City-St-Zip: WEST PARK, FL 33023

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

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

Title: TD
Name: ANDREWS, ETARSHA
Address: 4031 SW 21ST STREET
City-St-Zip: WEST PARK, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: BETTY SOMERSET

PD

03/23/2012

Electronic Signature of Signing Officer or Director

Date