

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727488

FILED
Apr 23, 2004
Secretary of State

Entity Name: UM/CANTERBURY CHILD CARE CENTER, INC.

Current Principal Place of Business:

1150 STANFORD DR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1150 STANFORD DR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1489157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSLER, THOMAS
1150 STANFORD DRIVE
CORAL SPRINGS, FL 33146 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: P () Delete
Name: HASSLER, THOMAS
Address: 5509 SW 63 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: POZOREVILLA, ADA
Address: 4805 RIVERA DRIVE
City-St-Zip: MIAMI, FL 33146

Title: T () Delete
Name: FERNANDEZ, ROGER
Address: 6804 SW 98TH STREET
City-St-Zip: MIAMI, FL 33156

Title: A () Delete
Name: CORBISHLEY, REV. FRANK J
Address: 1150 STANFORD DR.
City-St-Zip: CORAL GABLES, FL

Title: D (X) Delete
Name: MESSIAH, SARAH
Address: 20627 NE 9TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: THOMAS, DR. ROOSEVELT J
Address: 101 OROVITZ BLDG.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CYNTHIA, BEAMISH MS.
Address: 5915 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

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 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 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: CYNTHIA BEAMISH

V

04/23/2004

Electronic Signature of Signing Officer or Director

Date