

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90082 012 \*\*\*\*61.25

**DOCUMENT # 757915**

1. Entity Name  
**HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.**



Principal Place of Business  
**7850 S.W. 142 AVENUE  
POST OFFICE BOX 960553  
MIAMI, FL 33296-0553**

Mailing Address  
**7850 S.W. 142 AVENUE  
POST OFFICE BOX 960553  
MIAMI, FL 33296-0553**

**94039039**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2031525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANTANA, LEONOLY  
7850 SW 142 AVE  
P.O. BOX 960553  
MIAMI, FL 33296**

7. Name and Address of New Registered Agent

Name

**MERRY LESTER**

Street Address (P.O. Box Number is Not Acceptable)

**7850 S.W. 142 AVE**

City

**MIAMI**

FL

Zip Code

**33183**

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

*Merry Lester*

**MERRY LESTER, PRESIDENT 3-26-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
NAME **OSBOURNE, MICHELLE**  
STREET ADDRESS **7850 SW 142 AVE/P.O. BOX 960553**  
CITY-ST-ZIP **MIAMI, FL 33296**

TITLE **T** ☒ Delete  
NAME **O'SHEA, AUDREY**  
STREET ADDRESS **7850 SW 142 AVE/P.O. BOX 960553**  
CITY-ST-ZIP **MIAMI, FL 33296**

TITLE **SD** ☒ Delete  
NAME **LESTER, MERRY**  
STREET ADDRESS **7850 SW 142 AVE/P.O. BOX 960553**  
CITY-ST-ZIP **MIAMI, FL 33296**

TITLE **D** ☒ Delete  
NAME **VEINER, AMYEE**  
STREET ADDRESS **7850 SW 142 AVE/P.O. BOX 960553**  
CITY-ST-ZIP **MIAMI, FL 33296**

TITLE **PD** ☒ Delete  
NAME **SANTANA, LEONOR**  
STREET ADDRESS **7850 SW 142 AVE/P.O. BOX 960553**  
CITY-ST-ZIP **MIAMI, FL 33296**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
NAME **Lourdes Castillo**  
STREET ADDRESS **7850 SW 142 AVE, PO BOX 960553**  
CITY-ST-ZIP **Miami, FL 33296**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Liza Sanchez**  
STREET ADDRESS **7850 SW 142 AVE, PO BOX 960553**  
CITY-ST-ZIP **Miami, FL 33296**

TITLE **S** ☒ Change ☐ Addition  
NAME **Elaine Hoover**  
STREET ADDRESS **7850 SW 142 AVE PO BOX 960553**  
CITY-ST-ZIP **Miami, FL 33296**

TITLE **T** ☒ Change ☐ Addition  
NAME **Anette Collado**  
STREET ADDRESS **7850 SW 142 AVE PO BOX 960553**  
CITY-ST-ZIP **Miami, FL 33296**

TITLE **membership** ☒ Change ☐ Addition  
NAME **Raida Ward**  
STREET ADDRESS **7850 SW 142 AVE PO BOX 960553**  
CITY-ST-ZIP **Miami FL 33296**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Anette Collado*

**Anette Collado**

**3/26/04**

**305-383-0232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #