

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88863

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** TENDER CARE DAY CARE AND PRESCHOOL, INC.

**Current Principal Place of Business:**

604 SOUTHWEST 5TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

604 SOUTHWEST 5TH STREET  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number: 65-0209633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOOLEY, DEBORAH S.  
604 SOUTHWEST 5TH STREET  
OKEECHOBEE, FL 34974 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: PS  
Name: SCHOOLEY, DEBORAH S.  
Address: 604 SOUTHWEST 5TH STREET  
City-St-Zip: OKEECHOBEE, FL

Title: VPT  
Name: SCHOOLEY, KEVIN  
Address: 604 SOUTHWEST 5TH ST  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: SCHOOLEY, TROY  
Address: 604 SOUTHWEST 5TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: SCHOOLEY, TRAVIS  
Address: 604 SOUTHWEST 5TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH SCHOOLEY

P

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date