


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90023 024 ****61.25

DOCUMENT # N01000002378					
1. Entity Name FLOWERS DAY CARE CENTER, INC.					
Principal Place of Business 1401 AVE E LAKE PARK FL 33403			Mailing Address P.O BOX 530007 LAKE PARK FL 33403		
2. Principal Place of Business 1751 King High Way			3. Mailing Address 15001 Verona Ave		
Suite, Apt. #, etc. APT B			Suite, Apt. #, etc. APT B		
City & State Clearwater FL			City & State Clearwater, FL		
Zip Pinellas 33760		Country		Country	
6. Name and Address of Current Registered Agent FERRELL, LYNETTE 87 SILVER BEACH ROAD LAKE PARK FL 33403			7. Name and Address of New Registered Agent Name Lynette Ferrell Street Address (P.O. Box Number is Not Acceptable) 15001 VERONA APT B Clearwater FL 33760 City FL Zip Code		
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 Lynette Ferrell (NOTE: Registered Agent signature required when reinstating) DATE 07/26/04					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, LYNETTE 87 SILVER BEACH ROAD LAKE PARK FL 33403 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynette Ferrell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15001 VERONA Ave, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MARVA M 3532 FLORIDA BOULEVARD PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, ELI POST OFFICE BOX 8163 WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemption.					
SIGNATURE: Lynette Ferrell			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LYNETTE FERRELL DATE 08/18/04 727 536-2035		