


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**


City & State: **Clearwater FL**

City & State: **Clearwater, FL**

Zip: **Pinellas 33760**

Country: **33760**

ATLANTA



MOORE CR2E037 (4/04)

4. FEI Number: **65-0961084**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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**

City: **Clearwater FL**

Zip Code: **33760**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, LYNETTE	
STREET ADDRESS	87 SILVER BEACH ROAD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MARVA M	
STREET ADDRESS	3532 FLORIDA BOULEVARD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWER, ELI	
STREET ADDRESS	POST OFFICE BOX 8163	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynette Ferrell	
STREET ADDRESS	15001 VERONA AVE, FL	
CITY-ST-ZIP	33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *Lynette Ferrell* **LYNETTE FERRELL** 08/18/04 727 536-2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 08/18/04 Daytime Phone #: 727 536-2035