

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90044 046 \*\*\*\*61.25

**DOCUMENT # N01000002576**

1. Entity Name

SOUL SAVING STATION DAYCARE CENTER, INC.



Principal Place of Business

1880 WASHINGTON AVE  
OPA LOCKA, FL 33054

Mailing Address

1880 WASHINGTON AVE  
OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2132280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JASON M  
100 SE 2 STREET STE 4000  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MURRAY, JAMES  
STREET ADDRESS 1880 WASHINGTON AVE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D  
NAME MURRAY, EULA  
STREET ADDRESS 1880 WASHINGTON AVE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D  
NAME JEAN, MILDRED  
STREET ADDRESS 1880 WASHINGTON AVE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D  
NAME THOMAS, EDWARD T  
STREET ADDRESS 1880 WASHINGTON AVE  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE D  
NAME Murray, Jason M.  
STREET ADDRESS 1880 Washington Ave  
CITY-ST-ZIP Opa locka, Fl 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6-2008-3056884543  
Daytime Phone #