2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004
Secretary of State

DOCUMENT# N01000008574

Entity Name: DORMAY LEARNING INSTITUTE, INCORPORATED

Current Principal Place of Business:

11845 S.W. 103 LANE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

PO BOX 165618
MIAMI, FL 33116

New Mailing Address:

FEI Number: 26-0002297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARNER-BENSON, DOROTHY PH.D
11845 S.W. 103 LANE
MIAMI, FL 33186 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:	PD	( ) Delete
Name:	WARNER-BENSON, DOROTHY PH.D	
Address:	11845 S.W. 103 LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:	TD	( ) Delete
Name:	BENSON, OLIVIA SHIRLEY	
Address:	13115 S.W. 24TH ST.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	SD	( ) Delete
Name:	GETHERS, JOHN	
Address:	5730 PEMBROOK ROAD #10	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	D	( ) Delete
Name:	NORVILLE, MILTON	
Address:	15800 N.W. 42ND AVE.	
City-St-Zip:	MIAMI, FL 33054	
Title:	D	( ) Delete
Name:	MORROW, SYLVIA	
Address:	1031 N.W. LITTLE RIVER DRIVE	
City-St-Zip:	MIAMI, FL 33150	
Title:	D	( ) Delete
Name:	MARSHALL, MATTIE	
Address:	POST OFFICE BOX 470732	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WARNER-BENSON, DORTHY	
Address:	11845 S.W. 103 LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORTHY WARNER-BENSON PD 08/04/2004

Electronic Signature of Signing Officer or Director — Date