


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Jun 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000008574 1. Entity Name DORMAY LEARNING INSTITUTE, INCORPORATED	
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Principal Place of Business 11845 S.W. 103 LANE MIAMI, FL 33186	Mailing Address PO BOX 165618 MIAMI, FL 33116
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05192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 26-0002297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARNER-BENSON, DOROTHY PH.D 11845 S.W. 103 LANE MIAMI, FL 33186
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>
DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER-BENSON, DOROTHY PH.D 11845 S.W. 103 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENSON, OLIVIA SHIRLEY 13115 S.W. 24TH ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARNER-BENSON, DORTHY 11845 S.W. 103 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORVILLE, MILTON 15800 N.W. 42ND AVE. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, SYLVIA 1031 N.W. LITTLE RIVER DRIVE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, MATTIE POST OFFICE BOX 470732 MIAMI, FL 33147

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06/02/05-80004-005 61.25

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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 empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 05/20/05 Daytime Phone #: (305) 271-0422