

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008574

1. Entity Name
DORMAY LEARNING INSTITUTE, INCORPORATED



Principal Place of Business
**11845 S.W. 103 LANE
MIAMI, FL 33186**

Mailing Address
**PO BOX 165618
MIAMI, FL 33116**



05282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0002297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARNER-BENSON, DOROTHY PH.D
STREET ADDRESS 11845 S.W. 103 LANE
CITY-ST-ZIP MIAMI, FL 33186

TITLE TD
NAME BENSON, OLIVIA SHIRLEY
STREET ADDRESS 13115 S.W. 24TH ST.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE SD
NAME WARNER-BENSON, DORTHY
STREET ADDRESS 11845 S.W. 103 LANE
CITY-ST-ZIP MIAMI, FL 33186

TITLE D
NAME NORVILLE, MILTON
STREET ADDRESS 15800 N.W. 42ND AVE.
CITY-ST-ZIP MIAMI, FL 33054

TITLE D
NAME MORROW, SYLVIA
STREET ADDRESS 1031 N.W. LITTLE RIVER DRIVE
CITY-ST-ZIP MIAMI, FL 33150

TITLE D
NAME MARSHALL, MATTIE
STREET ADDRESS POST OFFICE BOX 470732
CITY-ST-ZIP MIAMI, FL 33147

000000570724
07/18/06-80008-003 61.25

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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

Date

Daytime Phone #

07/09/06