


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90009 011 ****70.00

DOCUMENT # N02000002184 1. Entity Name MOUNT CALVARY DAYCARE CENTER, INC.	
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Principal Place of Business 1140 DR MARTIN LUTHER KING JR BLVD MIAMI, FL 33150	Mailing Address 1140 DR MARTIN LUTHER KING JR BLVD MIAMI, FL 33150
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40043640



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0658192	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATCHINSON, DR SAMUEL 3313 S DOUGLAS RD MIRAMAR, FL 33025

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 6, 2006	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	D BENNETT, WILLIE 2361 NW 172 TERR MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATCHINSON, DR SAMUEL 3313 S DOUGLAS RD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, HEZEKIAH 7500 NW 13 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKEW, DIANE 17132 NW 9TH CT MIAMI GARDEN, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Willie Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #