

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002184

FILED  
May 22, 2008  
Secretary of State

**Entity Name:** MOUNT CALVARY DAYCARE CENTER, INC.

**Current Principal Place of Business:**

1140 DR MARTIN LUTHER KING JR BLVD  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

1140 DR MARTIN LUTHER KING JR BLVD  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 01-0658192      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ATCHINSON, DR SAMUEL  
3313 S DOUGLAS RD  
MIRAMAR, FL 33025      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: D      ( ) Delete  
Name: BENNETT, WILLIE  
Address: 2361 NW 172 TERR  
City-St-Zip: MIAMI, FL 33054

Title: D      ( ) Delete  
Name: ATCHINSON, DR SAMUEL  
Address: 3313 S DOUGLAS RD  
City-St-Zip: MIRAMAR, FL 33025

Title: D      ( ) Delete  
Name: SMALL, HEZEKIAH  
Address: 7500 NW 13 AVE  
City-St-Zip: MIAMI, FL 33147

Title: D      ( ) Delete  
Name: ASKEW, DIANE  
Address: 17132 NW 9TH CT  
City-St-Zip: MIAMI GARDEN, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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: WILLIE BENNETT

D

05/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date