2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N02000002184

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 ( )**

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 01/20/2009

Electronic Signature of Signing Officer or Director — Date