

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002184

**FILED**  
**Jan 11, 2012**  
**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)**

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

BENNETT, WILLIE  
1140 NW DR. MARTIN LUTHER KING JR BLVD  
MIAMI, FL 33150 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  
Name: BENNETT, WILLIE  
Address: 2361 NW 172 TERR  
City-St-Zip: MIAMI, FL 33054

Title: D  
Name: MCKINNEY, SANDRA  
Address: 3313 S DOUGLAS RD  
City-St-Zip: MIRAMAR, FL 33025

Title: D  
Name: MCKENZIE, RALPH  
Address: 2361 NW 172 TERRACE  
City-St-Zip: MIAMI, FL 33056

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

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIE BENNETT

D

01/11/2012

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

\_\_\_\_\_  
Date