

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90799 001 \*\*\*\*61.25

05-02-2005 90799 002 \*\*\*\*\*8.75

**DOCUMENT # N02000005536**

1. Entity Name

MORNING GLORY MARISE CHILD CARE, INC.



Principal Place of Business

26935 SW 144 AVE  
NARANJA, FL 33032

Mailing Address

26935 SW 144 AVE  
NARANJA, FL 33032



**DO NOT WRITE IN THIS SPACE**

04302005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1117119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARMAN, GUY  
3801 S OCEAN DR 4Z  
HOLLYWOOD, FL 33019

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FLORVIL, MARISE  
26935 SW 144 AVE  
NARANJA, FL 33032

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
ADAM, DANIEL  
26935 SW 144 AVE  
NARANJA, FL 33032

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
GEROLE, VELIMA  
562 NW 15TH STREET  
FLORIDA CITY, FL 33034

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/28/05  
Date Daytime Phone #