

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 048 ****61.25

DOCUMENT # N02000006788

1. Entity Name
TINY HEARTS FAMILY DAY CARE, INC.



Principal Place of Business
806 9TH STREET #7
LAKE PARK, FL 33403

Mailing Address
806 9TH STREET #7
LAKE PARK, FL 33403

54069903



08192004 · No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
50-0001372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTY, STELLA
806 9TH STREET #7
LAKE PARK, FL 33403

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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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
SINGLETON, SYLESTINE
STREET ADDRESS 806 9TH STREET #7
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE
NAME STD
DANIELS, DIANA
STREET ADDRESS 1272 W 30TH ST, APT 1
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME VD
DAVIS, TERRY
STREET ADDRESS P O BOX 9657
CITY-ST-ZIP RIVIERA BEACH, FL 33419

TITLE
NAME CD
CANTY, STELLA
STREET ADDRESS 806 9TH STREET #7
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

8-15-04

Date

Daytime Phone #

(561) 882-9747