

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # N03000006235

1. Entity Name
TRUTH COMPASSION DAY CARE AND ACADEMY INC.



Principal Place of Business
**4220 NW 7TH AVE.
MIAMI, FL 33127**

Mailing Address
**775 NW 123RD ST.
MIAMI, FL 33168**



05032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEILLE, MAURICE L
4220 NW 7TH AVE.
MIAMI, FL 33127**

**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 September 14, 2007**

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 NEILLE, MAURICE L SR. 775 NW 123RD ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHMING, MATTHEW 4241 NW 19TH ST., APT. 171 LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, MARSHA 180 NE 123RD ST. MIAMI, FL 33161
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurice Neille
Mechale Neille

5/7/07

305 7588330