

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000009302**

1. Entity Name  
REAVES FAMILY DAY CARE INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 26 PM 1:18

Principal Place of Business  
6502 N 34TH ST  
TAMPA, FL 33610

Mailing Address  
6502 N 34TH ST  
TAMPA, FL 33610

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3775310

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~LOPEZ, NILDIA~~  
~~10114 NASHLEY ST~~  
~~TAMPA, FL 33612~~

7. Name and Address of New Registered Agent

Name Yolanda Reeves  
Street Address (P.O. Box Number is Not Acceptable)  
6502 North 34 St.  
City Tampa FL Zip Code 33610

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 Yolanda Reeves Yolanda Reeves 9/22/05  
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 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REAVES, LOUISE	
STREET ADDRESS	6502 N 34TH ST	
CITY - ST - ZIP	TAMPA, FL 33610	
TITLE	P	<input type="checkbox"/> Delete
NAME	REAVES, ARNOLD D	
STREET ADDRESS	6502 N 34TH ST	
CITY - ST - ZIP	TAMPA, FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REAVES, YOLANDA D	
STREET ADDRESS	6276 SOUTHLANE FOREST DR	
CITY - ST - ZIP	STONE MOUNTAIN, GA 30087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

300060127663  
09/30/05--01054--009 \*\*\$61.25

Reaves, Arnold D. ☒ Change ☐ Addition

6502 N- 34th St  
Tampa, FL 33610 ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Yolanda Reeves 9/22/05 813-300-9428  
Signature and typed or printed name of signing officer or director Date Daytime Phone #