2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# N04000005308

Entity Name: B-C DAYCARE, INC.

Current Principal Place of Business:

9150 ANTILLES DR.
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

9150 ANTILLES DR.
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 35-2231764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANKS, AGNES
11642 GROVE ST
SEMINOLE, FL 33772 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 ( ) Delete
Name: BANKS, AGNES O
Address: 11642 GROVE ST
City-St-Zip: SEMINOLE, FL 33772 US

Title: D ( ) Delete
Name: CAMILLITI, TINA
Address: 8971 BRIARWOOD DR
City-St-Zip: SEMINOLE, FL 33772 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 0 ( ) Change (X) Addition
Name: DOREEN BERARDUCCI
Address: 9240 118TH WAY N.
City-St-Zip: SEMINOLE, FL 33772 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA CAMILLITI D 10/20/2009

Electronic Signature of Signing Officer or Director — Date