

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009320

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: AZAMA FAMILY DAY CARE HOME INC.

**Current Principal Place of Business:**

257 WASHINGTON PLACE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

257 WASHINGTON PLACE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 26-0670431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AZAMA, HELEN W  
257 WASHINGTON PLACE  
ORMOND BEACH, FL 32174 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: P ( ) Delete  
Name: AZAMA, HELEN W  
Address: 257 WASHINGTON PLACE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP ( ) Delete  
Name: HARRIS, TSHWANDA L  
Address: 430 PARK TREE TERRACE APT 2512  
City-St-Zip: ORLANDO, FL 32825 US

Title: TREA ( ) Delete  
Name: HARRIS, JERENA L  
Address: 3333 MONUMENT ROAD APT 1111  
City-St-Zip: JACKSONVILLE, FL 32225 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: HARRIS, TSHWANDA L  
Address: 9351 NELSON PARK CIRCLE APT 201  
City-St-Zip: ORLANDO, FL 32817 US

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

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: HELEN W AZAMA

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date