

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009291

FILED
Jun 23, 2009
Secretary of State

Entity Name: BABY NURSERY CHRISTIAN DAY CARE OF FLORIDA, INC.

Current Principal Place of Business:

18215 NW 18 AVENUE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

18215 NW 18 AVENUE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 65-0152735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARIE, NANCY JEAN
18215 NW 18 AVENUE
MIAMI GARDENS, FL 33056 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: C () Delete
Name: MARIE, GUY JEAN
Address: 18215 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S () Delete
Name: MENELAS, CLAUDETTE
Address: 18215 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T () Delete
Name: TOUSSAINT, DANA
Address: 18215 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: GRANT, PATRICE
Address: 18215 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: SCOTT, KAREN
Address: 18215 NW 18 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CLAUDETTE MENELAS

C

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date