

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009291

FILED  
Apr 29, 2011  
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 ( )

**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  
Name: MARIE, GUY JEAN  
Address: 18215 NW 18 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: D  
Name: JEAN MARIE, NADIA  
Address: 18000 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: AUGUSTE, NADEGE  
Address: 18000 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: TORCHON, CLAIRE  
Address: 18000 NW 7 AVENUE  
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: GUY JEAN MARIE

C

04/29/2011

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

\_\_\_\_\_  
Date