

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011576

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** HIS KID'S DAY CARE ACADEMY, INC.

**Current Principal Place of Business:**

342 24TH AVENUE SW  
VERO BEACH, FL 329623338

**New Principal Place of Business:**

**Current Mailing Address:**

342 24TH AVENUE SW  
VERO BEACH, FL 329623338

**New Mailing Address:**

**FEI Number:** 30-0506457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOTEN, JR, JOHN S DR  
342 24TH AVENUE SW  
VERO BEACH, FL 329623338 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  
Name: MOTEN, CAROLYN W DR.  
Address: 342 24TH AVENUE SW  
City-St-Zip: VERO BEACH, FL 329623338

Title: V  
Name: MOTEN, JR., JOHN S DR.  
Address: 342 24TH AVENUE SW  
City-St-Zip: VERO BEACH, FL 329623338

Title: S  
Name: MACK, OLIVIA J DR.  
Address: 2960 AVENUE  
City-St-Zip: RIVIERA BEACH, FL 33404

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: DR. CAROLYN W. MOTEN

P

04/13/2012

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

\_\_\_\_\_  
Date