

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35048

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** MIAMI BEACH METHODIST CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

4760 PINETREE DRIVE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4760 PINETREE DRIVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0221028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CD ( ) Delete  
Name: BARFIELD, BRETT  
Address: 701 BRICKELL AVE, SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: T ( ) Delete  
Name: DEWIS, TERRY  
Address: 3001 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: ALEMAN, JB  
Address: 5824 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: DE PONCE, ELIZABETH  
Address: 4541 PRAIRIE AVENUE # 1  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: ACKERMAN, ARTHUR  
Address: 505 FAIRWAY DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: FONSECA, ELENA  
Address: 5825 COLLINS AVENUE # 4F  
City-St-Zip: MIAMI BEACH, FL 33140

**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:

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: CYNTHIA RODRIGUEZ

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date