

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

7/25/2005-90095-028-\$61.00-\$61.00

DOCUMENT # N46427

1. Entity Name

LAKE VIEW BAPTIST DAYCARE CENTER INC.



05 AUG 29 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/04)

Receipts 28
91310 25

Principal Place of Business

11500 N.W. 17TH AVENUE
MIAMI FL 33167

Mailing Address

P.O. BOX 68-1495
MIAMI FL 33168-1495
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0823949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEROY B
11500 N.W. 17TH AVENUE
MIAMI FL 33167

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PINDER, DELORES	
STREET ADDRESS	1380 S.W. 104 AVE.	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	VD	☐ Delete
NAME	JOHNSON, LEROY	
STREET ADDRESS	2365 N.W. 180TH TERRACE	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE	SD	☐ Delete
NAME	JOHNSON, FRANCES	
STREET ADDRESS	2365 NW 180 TERRACE	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE	AT	☐ Delete
NAME	JOHNSON, RALPH	
STREET ADDRESS	2365 NW 180 TERRACE	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE	D	☐ Delete
NAME	RUTHERFORD, TERRY	
STREET ADDRESS	2158 NW 65TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Dr. L. B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

OFFICE OF THE SECRETARY OF STATE

No 91310 A

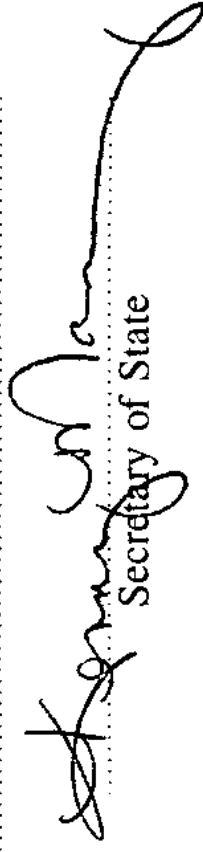
8-29-05

Tallahassee, Fla.,

RECEIVED FROM Rev. Leroy B. Johnson

the sum of Twenty five Cents Dollars \$.25

For the following: 2005 NP AR / N46427 - Lake View
Baptist Daycare Center Inc.


Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

Fiscal 5A