

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 02, 2009
Secretary of State

DOCUMENT# N46427

Entity Name: LAKE VIEW BAPTIST DAYCARE CENTER INC.**Current Principal Place of Business:**11500 N.W. 17TH AVENUE
MIAMI, FL 33167**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 68-1495
MIAMI, FL 331681495 US**New Mailing Address:****FEI Number:** 59-0823949**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, LEROY B
11500 N.W. 17TH AVENUE
MIAMI, FL 33167 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:** PD () Delete
Name: PINDER, DELORES
Address: 1380 S.W. 104 AVE.
City-St-Zip: PEMBROKE PINES, FL**Title:** VD () Delete
Name: JOHNSON, LEROY
Address: 2365 N.W. 180TH TERRACE
City-St-Zip: OPA LOCKA, FL**Title:** SD () Delete
Name: JOHNSON, FRANCES
Address: 2365 NW 180 TERRACE
City-St-Zip: OPA LOCKA, FL**Title:** AT () Delete
Name: JOHNSON, RALPH
Address: 2365 NW 180 TERRACE
City-St-Zip: OPA LOCKA, FL**Title:** D () Delete
Name: RUTHERFORD, TERRY
Address: 2158 NW 65TH STREET
City-St-Zip: MIAMI, FL**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:** D (X) Change () Addition
Name: JOHNSON, LORENZO G
Address: 20401 NW 2ND AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33169

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: LEROY B JOHNSON

VD

05/02/2009

Electronic Signature of Signing Officer or Director

Date