

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 017 \*\*\*\*61.25

**DOCUMENT # N94000001898**

1. Entity Name

**PROPHECY CHILD CARE CENTER AND SCHOOL,  
INCORPORATED**



Principal Place of Business

**611 N.W. 24TH AVENUE  
FORT LAUDERDALE FL 33311**

Mailing Address

**611 N.W. 24TH AVENUE  
FORT LAUDERDALE FL 33311**

**54036807**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0490917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, LEONARD  
5621 NW 12TH STREET  
LAUDERHILL FL 33313**

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, 2004**

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 **TRP** ☐ Delete  
NAME **ROBINSON, LEONARD**  
STREET ADDRESS **5621 NW 12TH STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **ST** ☐ Delete  
NAME **KOWLESSAR, MARYANN**  
STREET ADDRESS **1188 NW 43RD TERRACE**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete  
NAME **ROBINSON, ANGENETTE**  
STREET ADDRESS **5400 PLUNKETT STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **STR** ☐ Delete  
NAME **ROBINSON, BOBBY J**  
STREET ADDRESS **5621 NW 12TH STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete  
NAME **ROBINSON, DAVID**  
STREET ADDRESS **213 FLAME AVE**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Delete  
NAME **TAYLOR CAZLEY, VANESSA**  
STREET ADDRESS **5972 NW 21ST STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-04**