

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**

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08262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000958644  
08/29/08-80006-006 61.25

10. OFFICERS AND DIRECTORS

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

TITLE ST  
NAME KOWLESSAR, MARYANN  
STREET ADDRESS 10908 NW 29TH CT  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE D  
NAME ROBINSON, ANGENETTE  
STREET ADDRESS 5416 NW 27TH ST APT 3019  
CITY-ST-ZIP LAUDERHILL, FL 33313

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

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

TITLE D  
NAME TAYLOR CAZLEY, VANESSA  
STREET ADDRESS 5940 NW 16TH CT.  
CITY-ST-ZIP SUNRISE, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

8-25-08, 954/792-8544