

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001898

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** PROPHECY CHILD CARE CENTER AND SCHOOL, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0490917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, LEONARD  
5621 NW 12TH STREET  
LAUDERHILL, FL 33313 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: TRP ( ) Delete  
Name: ROBINSON, LEONARD  
Address: 5621 NW 12TH STREET  
City-St-Zip: LAUDERHILL, FL 33313

Title: ST ( ) Delete  
Name: KOWLESSAR, MARYANN  
Address: 10908 NW 29TH CT  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete  
Name: ROBINSON, ANGENETTE  
Address: 5416 NW 27TH ST APT 3019  
City-St-Zip: LAUDERHILL, FL 33313

Title: STR ( ) Delete  
Name: ROBINSON, BOBBY J  
Address: 5621 NW 12TH STREET  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: ROBINSON, DAVID  
Address: 213 FLAME AVE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: TAYLOR CAZLEY, VANESSA  
Address: 5940 NW 16TH CT.  
City-St-Zip: SUNRISE, FL 33313

**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: LEONARD ROBINSON

TRP

04/15/2009

Electronic Signature of Signing Officer or Director

Date