2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 01, 2004 8:00 am Secretary of State

	74.41.4					DCC 1	ciai	y ui	Stat
DOCUMENT # N9700002113 1. Entity Name DARVILLE'S PRESCHOOL: AN EDUCATIONAL FOUNDATION, INC.							-2004 900	•	
4695 DYSON CIR N. 114		Mailing Address 1143 LAKE BREEZE DRIVE WELLINGTON, FL 33414	1143 LAKE BREEZE DRIVE			î 1281 î 2017 b ait d	EFIN MAIN MÁINE CO	0594 <i>6</i>	55
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06242004 (Chg-NP	CR2E03	7 (10/03)	
City & State C		City & State	City & State		4. FEI Number 65-07446	70		 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	X	\$8.75 Add Fee Require	itional
	6. Name and Address of Current	Registered Agent			7. Name and Ac	dress of New	Registered A	gent	
AMERILAWYER CHARTERED			Name					•	
343 ALME	RIA AVENUE ABLES, FL 33134		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
									
			City			 	FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its reg	istered office or	register	ed agent, or both, i	in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE .	,		V						æ
·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signatu	re required	when reinstating)		DATE		<u>-, , , , , , , , , , , , , , , , , , , </u>
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campaign Filing Trust Fund Contribution					\$5.00 May Be Added to Fees		Make check orida Depart		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHAN	GES TO OFFIC		RECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, HENRY 871 PALM BLVD PAHOKEE, FL 33476	∑Koelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Signal Signal		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHY, ELIJAH 1316 SW. AVENUE B BELLE GLADE, FL 33460	CS_Colets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6,45			<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BABB, LÄKEITHA 13727 SUNFLOWER COURT WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- -	· ;	Change	Addition
TITLE NAME									
STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CHARLES 1280 LAKE BREEZE DR WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
	JOHNSON, CHARLES 1280 LAKE BREEZE DR	☐ Delete	NAME Street address					☐ Change	Addition

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 HAVE OF SIGNING OFFICER OR DIRECTOR

Ca / 23 / 0 4 (JG) 798-027