NOT-FOR-PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90326 036 ****61.25

DOCUMENT # N98000004297

1. Entity Name
BRADENTON ACADEMY CARING FOR KIDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7900 40th Ave., W.
Suite, Apt. #, etc.
City & State
Bradenton, FL 34209
Zip 34209 Country US

3. Mailing Address
7900 40th Ave., W.
Suite, Apt. #, etc.
City & State
Bradenton, FL 34209
Zip 34209 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881243 — Applied For / Not Applicable

5. Certification of Status Desired ☐ — $8.75 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Jackman, James D. Esq.
Street Address (P.O. Box Number is Not Acceptable)
~~4608 26th St. W.~~ 5008 Manatee Ave West
City
Bradenton FL Zip Code 34209

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.

SIGNATURE _____ DATE _____
Signature required from applicable officer or director listed in section 7 or 10.

FEE: $61.25 — Added if Amended UBR

9. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	V, D
NAME	Wolfe, Carol
STREET ADDRESS	7900 40th Ave., W.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	S, D
NAME	Narvaez, Zoraya
STREET ADDRESS	7900 40th Ave., W.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	T, D
NAME	Haney, Dayna
STREET ADDRESS	7900 40th Ave., W.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 requests 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 I am aware of the penalties for making false statements on this report. Attachment with enumerated additions may be required.

SIGNATURE: DAYNA K. HANEY, TREAS. 5/1/02 941-792-7838
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number