

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001014

1. Entity Name
TEDDY BEAR DAY CARE COMMUNITY CENTER, INC.



Principal Place of Business
**4519 FOREST LANE
LAKE WORTH, FL 33463**

Mailing Address
**4519 FOREST LANE
LAKE WORTH, FL 33463**



07282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0897211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KATHLEEN, MARRERO
4519 FOREST LANE
LAKE WORTH, FL 33463**

**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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARRERO, KATHREEN
10719 TARVIS TR
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MARRERO, PATRICIA
10719 TARVIS TR
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MARRERO, CASIMIRO
10719 TAMIS TRL
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MARRERO, PAMELA
10719 TAMIS TRL
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000169203
08/02/04-80014-024 61.25

**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 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:

K. Marrero

KATHLEEN MARRERO

7/28/04

3062660770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #