

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-18-2002 90145 035 *****8.75
04-02-2002 90895 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040618

1. Entity Name

ADONAI CHILDREN'S DAY CARE CENTER, INC.

Principal Place of Business

**1931 NW 194 TERRACE
CAROL CITY FL 33056**

Mailing Address

**1931 NW 194 TERRACE
CAROL CITY FL 33056**

2. Principal Place of Business

1931 N.W. 194 ter.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Carol city

City & State

City & State

Zip

33056

Country

US

Zip

Country

4. FEI Number

65-1115427 032412

Applied For

Not Applicable

5. Certificate of Status Desired

7

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**FORD, LORETTA
1931 NW 194 TERRACE
CAROL CITY, FL 33056**

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

Loretta Jones Ford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 29, 02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

0

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.**

0

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

11. OFFICERS AND DIRECTORS

TITLE

**D
FORD, LORETTA
1931 NW 194 TERRACE
CAROL CITY FL 33056**

0 Delete

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Delete

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Delete

TITLE

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CITY-ST-ZIP**

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CITY-ST-ZIP**

0 Delete

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Change 0 Addition

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Change 0 Addition

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**NAME
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0 Change 0 Addition

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

0 Change 0 Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Loretta Ford March 16, 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (9/01)