

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90009 047 ***150.00

DOCUMENT # P05000073378 1. Entity Name BETHLEHEM PRE-SCHOOL, INC.			
Principal Place of Business 7358 NW 48TH STREET LAUDERHILL, FL 33319 US		Mailing Address 7358 NW 48TH STREET LAUDERHILL, FL 33319 US	
2. Principal Place of Business - No P.O. Box # 7358 N.W. 48 STREET Suite, Apt. #, etc.		3. Mailing Address 7358 N.W. 48 STREET Suite, Apt. #, etc.	
City & State LAUDERHILL FL Zip 33319 Country BROWARD		City & State LAUDERHILL FL Zip 33319 Country BROWARD	
4. FEI Number 20-3224393		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, DOROTHY M 7358 N.W. 48TH STREET LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME NELSON, DOROTHY STREET ADDRESS 7358 N.W. 48TH STREET CITY- ST- ZIP LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NELSON, ROY P STREET ADDRESS 7358 NW 48TH STREET CITY- ST- ZIP LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NELSON-BOX, AUDREY STREET ADDRESS 4963 RIVERSIDE DRIVE CITY- ST- ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Dorothy M. Nelson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>February 11, 2008</u> <small>Daytime Phone #</small>	