

2007 FOR PROFIT CORPORATION ANNUAL REPORT

09-06-2007 90008 046 ***150.00

DOCUMENT # P05000164631

1. Entity Name
THE ARK OF SAFETY CHILDCARE CENTER, INC.



FILED
Oct 08, 2007 8:00 A.M.
Secretary of State

Principal Place of Business
3337 MICHIGAN AVENUE
FT. MYERS, FL 33916 US

Mailing Address
3337 MICHIGAN AVENUE
FT. MYERS, FL 33916 US

2. Principal Place of Business - No P.O. Box #
1971 French Street
Suite, Apt. #, etc.
Ft. Myers, FL
City & State

3. Mailing Address
Same AS Above
Suite, Apt. #, etc.
City & State



08292007 Chg-P CR2E034 (12/06)

4. FEI Number
27-0134531
Applied For
Not Applicable

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

Zip 33916 Country LEE

Zip Country

6. Name and Address of Current Registered Agent

SCURRY, LULA M
3337 MICHIGAN AVENUE
FT. MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCURRY, LULA M		NAME		
STREET ADDRESS	3337 MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCURRY, KENNETH J		NAME		
STREET ADDRESS	3337 MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, TAMEKA S		NAME		
STREET ADDRESS	3337 MICHIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Lula M. Scurry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/07 (259) 265-3337
Date Daytime Phone

Document corrected per Lula Scurry. Dec