

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058768

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** RAY OF HOPE CHILD CARE, INC.

**Current Principal Place of Business:**

717 SKYRIDGE ROAD  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

191 W. BROOME STREET  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 26-4493597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURRELL, MARIE  
717 SKYRIDGE ROAD  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURRELL, MARIE  
Address: 717 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: BURRELL, CARL  
Address: 717 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: ST  
Name: THOMAS, ROSALEE  
Address: 233 TIDES RD.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: BM  
Name: THOMAS, LEMAUZILY  
Address: 233 TIDES ROAD  
City-St-Zip: WINER SPRINGS, FL 32708 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE BURRELL

P

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date