FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66716** **(9)**

1. Corporation Name
THE SPIRIT OF THE LORD SCHOOL AND DAY CARE, INC.

Principal Place of Business	Mailing Address
8601 S.W. 199TH ST. MIAMI FL 33189	8601 S.W. 199TH ST. MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1991**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **65-0278622** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation was formerly an insurance company under Chapter 628, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA
25335 S.W. 126TH CT.
PRINCETON FL 33032

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: X Maria Rodriguez 4-17-95
(Signature of new registered agent, if appointed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	PD	☐ Change ☐ Addition
12 NAME	RODRIGUEZ, MARIA	
13 STREET ADDRESS	25335 S.W. 126TH CT	
14 CITY, ST, ZIP	PRINCETON FL	
21 TITLE	STD	☐ Change ☐ Addition
22 NAME	TEWS, SALLY A.	
23 STREET ADDRESS	10260 NICARAGUA DR	
24 CITY, ST, ZIP	MIAMI FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. 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 12 or Block 14 above, or on an attachment with an address.

SIGNATURE: X Maria Rodriguez 4-17-95
(Signature and Typed or Printed Name of Individual and Capacity of Officer or Director) (Date) (Telephone Number)

0209272 CP