

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000097153

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**7661846911CC**

**Entity Name:** BAYCREST ACADEMY CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

105 W. DR MARTIN LUTHER KING JR. BLVD  
TAMPA, FL 33603

**Current Mailing Address:**

1904 FRUITRIDGE STREET  
BRANDON, FL 33510

**FEI Number:** 41-2142170

**Certificate of Status Desired:** No

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

ECHEVARRIA, MITCHELL A  
1904 FRUITRIDGE STREET  
BRANDON, FLORIDA, FL 33510 US

*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

**Officer/Director Detail :**

Title P  
Name ECHEVARRIA, MITCHELL A  
Address 1904 FRUITRIDGE STREET  
City-State-Zip: BRANDON FL 33510

Title VP  
Name BUIE, RAIZA PAOLA  
Address 1904 FRUITRIDGE STREET  
City-State-Zip: BRANDON FL 33510

Title SECRETARY  
Name ECHEVARRIA, CARMEN M  
Address 1904 FRUITRIDGE STREET  
City-State-Zip: BRANDON FL 33510

Title TREASURER  
Name VILLEGAS, NORIS AWILDA  
Address 3409 N. 12TH STREET  
City-State-Zip: TAMPA FL 33603

Title VOCAL  
Name QUINONES, EDWIN XAVIER  
Address 1904 FRUITRIDGE STREET  
City-State-Zip: BRANDON FL 33510

*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:** MITCHELL A ECHEVARRIA

**PRESIDENT**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date