

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097153

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: CARMEN ECHEVARRIA**SECRETARY****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date