

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 733365

1. Entity Name
**IRMA HUNTER WESLEY FORT LAUDERDALE CHILD
DEVELOPMENT CENTER, INC.**



Principal Place of Business
**1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE, FL 33311 US**

Mailing Address
**1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE, FL 33311 US**



03012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1420571

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, BEVERLY
3369 N.W. 21ST STREET
LAUDERDALE LAKES, FL 33311**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, BEVERLY
STREET ADDRESS	3369 N W 21 ST
CITY-ST-ZIP	LAUDERDALE LKS, FL
TITLE	TD
NAME	WILSON, ERNESTINE
STREET ADDRESS	349 N W 30TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	FLOYD, VICTORIA
STREET ADDRESS	2190 NW 32 TERR
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	SHEFFIELD, TONYA
STREET ADDRESS	182 SW 52ND TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80052-007 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #