

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 011 ****61.25

DOCUMENT # N03000006403					
1. Entity Name EDUCATIONAL FOUNDATION FOR CHILDREN'S CARE, INC.					
Principal Place of Business 15450 SW 155 AVE. MIAMI, FL 33187-5447			Mailing Address 15450 SW 155 AVE. MIAMI, FL 33187-5447		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04082004 Chg-NP CR2E037 (10/03)	
4. FEI Number 26-0068324				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLINGTON, LEON 14137 SW 161 CT. MIAMI, FL 33196			Name - Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME CREARY, HUGH STREET ADDRESS 15450 SW 155 AVE. CITY-ST-ZIP MIAMI, FL 331875447	☐ Delete		TITLE D NAME Greenwood, Anthony STREET ADDRESS 10750 SW 67th Ave CITY-ST-ZIP Pinecrest, FL 33156	☒ Change ☐ Addition	
TITLE V NAME WELLINGTON, LEON STREET ADDRESS 14137 SW 161 CT. CITY-ST-ZIP MIAMI, FL 33196	☐ Delete		TITLE D NAME Harris, Himot STREET ADDRESS 6001 N. Ocean Dr. Apt. 1003 CITY-ST-ZIP Hollywood, FL 33019	☐ Change ☒ Addition	
TITLE S NAME MCCALLA, CAROLINE STREET ADDRESS 2091 SW 152 TERR. CITY-ST-ZIP MIAMI, FL 33193	☐ Delete		TITLE D NAME Hanna, Carolyn STREET ADDRESS 10732 SW 145 St. CITY-ST-ZIP Miami, FL 33176	☐ Change ☒ Addition	
TITLE T NAME ANDERSON, CARLTON STREET ADDRESS 15342 SW 71ST CITY-ST-ZIP MIAMI, FL 33193	☐ Delete		TITLE D NAME Kent, Israel STREET ADDRESS 1014 NW 80th Terrace CITY-ST-ZIP Plantation, FL 33322	☐ Change ☒ Addition	
TITLE D NAME FLETCHER, L. HERBERT STREET ADDRESS 9860 80TH DR. CITY-ST-ZIP MIAMI, FL 33273	☐ Delete		TITLE D NAME Robinson, Joseph STREET ADDRESS 4871 NW 8th Drive CITY-ST-ZIP Plantation, FL 33317	☐ Change ☒ Addition	
TITLE D NAME MCCALLA, DAVID STREET ADDRESS 15484 SW 146TH TERR. CITY-ST-ZIP MIAMI, FL 33196	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>CARLTON ANDERSON</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
04-27-04			305388-8620		
Date			Daytime Phone #		