

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-19-1999 90002 014 ****61.25

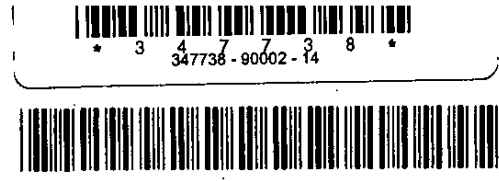
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001622

1. Corporation Name
GOLDEN ACRES CHILD CARE CENTER, INC.

Principal Place of Business 321 W. ATLANTIC BLVD. POMPANO BCH FL 33061-2006	Mailing Address 321 W. ATLANTIC BLVD. POMPANO BCH FL 33061-2006
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 522103708 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ADDERLY, RALPH W 321 W. ATLANTIC BLVD. POMPANO BCH FL 33061-2006	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Ralph W. Adderly **RALPH W. ADDERLY** 4-9-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GLENN, JIMMIE	1.2 NAME
STREET ADDRESS 416 NW 9TH AVE.	1.3 STREET ADDRESS	CITY-ST-ZIP POMPANO BCH FL 33060	1.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SMITH, JOSEPH	2.2 NAME
STREET ADDRESS 1501 NW 3RD WAY	2.3 STREET ADDRESS	CITY-ST-ZIP POMPANO BCH FL 33060	2.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ADDERLY, RALPH W	3.2 NAME
STREET ADDRESS P. O. BOX 2006	3.3 STREET ADDRESS	CITY-ST-ZIP POMPANO BCH FL 33061	3.4 CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME STEIN, A.L.	4.2 NAME
STREET ADDRESS 2202 CYPRESS BEND DR., #607	4.3 STREET ADDRESS WOODROW POITIER 901 NW 4 AVE.	CITY-ST-ZIP POMPANO BCH FL 33069	4.4 CITY-ST-ZIP POMPANO BEACH, FL. 330
TITLE D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SUTTON, GLADYS	5.2 NAME
STREET ADDRESS 217 NW 9TH ST.	5.3 STREET ADDRESS	CITY-ST-ZIP POMPANO BCH FL 33060	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph W. Adderly **RALPH W. ADDERLY** 4-9-99 954-785-7200 DATE Daytime Phone #

CR258769 (11/98)