

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:25

DOCUMENT # 733365

(1)

1. Corporation Name

IRMA HUNTER WESLEY FORT LAUDERDALE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

3369 N.W. 21ST ST.
FT. LAUDERDALE FL 33311-2711

3369 N.W. 21ST ST.
FT. LAUDERDALE FL 33311-2711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1975

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1420571

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1409 N.W. Sistrunk Blvd

26 1409 N.W. Sistrunk Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Fort Lauderdale, FL

27 Fort Lauderdale, FL

City & State

City & State

23 33311

28 33311

Zip

Zip

Country

Country

24

25

USA

29

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	KNIGHT, ROSEMARY
STREET ADDRESS	1719 N W 13 ST
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	MORRIS, EILEEN
STREET ADDRESS	1524 N W 15 CT
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	D
NAME	DOOLING, VERNON
STREET ADDRESS	832 NW 2ND ST
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	D
NAME	SHEFFIELD, TONYA
STREET ADDRESS	1141 SUSSEX DR
CITY- ST- ZIP	NORTH LAUDERDALE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Beverly Williams Beverly Williams

1-24-95

805 485-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name