

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733365

(1)

1. Corporation Name

IRMA HUNTER WESLEY FORT LAUDERDALE CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE FL 33311
US

1409 N. W. SISTRUNK BLVD.
FORT LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified
07/24/1975

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1503, 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

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

(Initials) Registered Agent's signature required when making change

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WILLIAMS, BEVERLY
STREET ADDRESS 3369 N W 21 ST
CITY-ST-ZIP LAUDERDALE LKS FL

TITLE TD ☐ DELETE

NAME WILSON, ERNESTINE
STREET ADDRESS 349 N W 30TH AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME KNIGHT, ROSEMARY
STREET ADDRESS 1719 N W 13 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VD ☐ DELETE

NAME MORRIS, EILEEN
STREET ADDRESS 1524 N W 15 CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME DOOLING, VERNON
STREET ADDRESS 832 NW 2ND ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME SHEFFIELD, TONYA
STREET ADDRESS 1141 SUSSEX DR
CITY-ST-ZIP NORTH LAUDERDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 954522-6552

Date

Office Phone #

CR2E037 (12/95)