

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733365

FILED
Feb 27, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1420571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, BEVERLY,
Address: 3369 N W 21 ST
City-St-Zip: LAUDERDALE LKS, FL

Title: TD () Delete
Name: WILSON, ERNESTINE,
Address: 349 N W 30TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: FLOYD, VICTORIA
Address: 2190 NW 32 TERR
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D () Delete
Name: SHEFFIELD, TONYA
Address: 182 SW 52ND TERRACE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA HUNTER WESLEY

D

02/27/2007

Electronic Signature of Signing Officer or Director

Date