

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001143

**Entity Name:** PARADISE CHILDCARE CORPORATION**Current Principal Place of Business:**6200 NW 11TH STREET  
SUNRISE, FL 33313**Current Mailing Address:**6200 NW 11TH STREET  
SUNRISE, FL 33313**FEI Number:** 20-8362821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPENCE, TRACEY-ANN A  
6200 NW 11TH STREET  
SUNRISE, FL 33313 US*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:** TRACEY-ANN SPENCE

02/11/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | SPENCE, ALTHEA E          |
| Address         | 3311 NW 29 STREET         |
| City-State-Zip: | LAUDERDALE LAKES FL 33311 |

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | SPENCE, TRACEY ANN A |
| Address         | 6200 NW 11TH STREET  |
| City-State-Zip: | SUNRISE FL 33313     |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY           |
| Name            | PETERS, KERRY-ANN   |
| Address         | 6200 NW 11TH STREET |
| City-State-Zip: | SUNRISE FL 33313    |

|                 |                     |
|-----------------|---------------------|
| Title           | T                   |
| Name            | WILLIAMS, FITZROY   |
| Address         | 6200 NW 11TH STREET |
| City-State-Zip: | SUNRISE FL 33313    |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | KELLEY , TERESA     |
| Address         | 6200 NW 11TH STREET |
| City-State-Zip: | SUNRISE FL 33313    |

|                 |                     |
|-----------------|---------------------|
| Title           | MEMBER              |
| Name            | SPENCE, SARAH       |
| Address         | 6200 NW 11TH STREET |
| City-State-Zip: | SUNRISE FL 33313    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** TRACEY ANN A SPENCE

PRESIDENT

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date