

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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

10/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VP
Name	SPENCE, D'WAYNE M
Address	2610 WEST OAKLAND PARK BLVD.
City-State-Zip:	OAKLAND PARK FL 33311

Title	P
Name	SPENCE, TRACEY ANN A
Address	2610 WEST OAKLAND PARK BLVD.
City-State-Zip:	OAKLAND PARK FL 33311

Title	SECRETARY
Name	PETERS, KERRY-ANN
Address	2610 WEST OAKLAND PARK BLVD.
City-State-Zip:	OAKLAND PARK FL 33311

Title	T
Name	WILLIAMS, FITZROY
Address	2610 WEST OAKLAND PARK BLVD.
City-State-Zip:	OAKLAND PARK FL 33311

Title	DIRECTOR
Name	KELLEY , TERESA
Address	2610 WEST OAKLAND PARK BLVD.
City-State-Zip:	OAKLAND PARK FL 33311

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

10/11/2020

Electronic Signature of Signing Officer/Director Detail

Date