

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000011152

Entity Name: LAUDERHILL COMMUNITY CHILD CARE CENTER, INC.**Current Principal Place of Business:**1173 NW 40TH AVENUE
LAUDERHILL, FL 33313**Current Mailing Address:**1173 NW 40TH AVENUE
LAUDERHILL, FL 33313 US**FEI Number: 84-3461920****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ELLIOTT, ANDREW D
351 S. STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name GORDON, GARRY A
Address 3321 SW 175TH AVENUE
City-State-Zip: MIRAMAR FL 33029Title D
Name THIERNE, LORI
Address 315 S. STATE ROAD 434
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title D
Name QUARRIE, EZRA
Address 700 NW 48TH TERRACE
City-State-Zip: PLANTATION FL 33317Title D
Name HUDSON, ERVIN
Address 5245 NW 96TH AVENUE
City-State-Zip: SUNRISE FL 33351Title D
Name HILL, JANNETTE
Address 5570 NW 44TH STREET, UNIT 115
City-State-Zip: LAUDERHILL FL 33319Title D
Name LEWIS-HARVEY, KAREN DR
Address 1173 NW 40TH AVENUE
City-State-Zip: LAUDERHILL FL 33313Title D
Name MCDONALD, MELLISA
Address 3321 NW 47TH TERRACE
City-State-Zip: LAUDERDALE LAKES FL 33319

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: ERVIN HUDSON**DIRECTOR****04/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date