

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384524

Entity Name: PEMBROKE PARK CHILD CARE CENTER, INC.**Current Principal Place of Business:**5499 S.W. 82 AVE.
DAVIE, FL 33328**Current Mailing Address:**5499 S.W. 82 AVENUE
DAVIE, FL 33328**FEI Number: 59-1410433****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESAGE, SUSAN
17851 SW 4TH COURT
DAVIE, FL 33029 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 | P |
| Name | ELMS, DAVID T |
| Address | 12909 NW 23RD STREET |
| City-State-Zip: | PEMBROKE PINES FL 33028 |

| | |
|-----------------|-------------------------|
| Title | T |
| Name | ELMS, MELANIE |
| Address | 12909 NW 23RD STREET |
| City-State-Zip: | PEMBROKE PINES FL 33028 |

| | |
|-----------------|-------------------------|
| Title | S |
| Name | LESAGE, SUSAN |
| Address | 17851 SW 4TH COURT |
| City-State-Zip: | PEMBROKE PINES FL 33029 |

| | |
|-----------------|---------------------|
| Title | BM |
| Name | KROSKE, MICHAEL |
| Address | 101 SW 61ST AVENUE |
| City-State-Zip: | PLANTATION FL 33317 |

| | |
|-----------------|--------------------------|
| Title | BM |
| Name | MCFARLANE, LENWORTH |
| Address | PO BOX 460112 |
| City-State-Zip: | FORT LAUDERDALE FL 33346 |

| | |
|-----------------|----------------------|
| Title | BOARD MEMBER |
| Name | LEONARD, EDDIE |
| Address | 1521 CATHEDRAL DRIVE |
| City-State-Zip: | MARGATE FL 33063 |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN LESAGE**SECRETARY****04/19/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date