

2017 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	S
Name	LESAGE, SUSAN
Address	17851 SW 4TH COURT
City-State-Zip:	PEMBROKE PINES FL 33029

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

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

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

Title	BM
Name	LEONARD, JAMES E
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****07/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date