

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000491

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC5300377485**

**Entity Name:** EARLSCOURT-CRECHE CHILD DEVELOPMENT INSTITUTE, INC.

**Current Principal Place of Business:**

197 EUCLID AVENUE  
TORONTO, ONTARIO M6J2J8

**Current Mailing Address:**

46 ST. CLAIR GARDENS  
CHILD DEVELOPMENT INSTITUTE  
TORONTO, ON, M6E3V4 CANADA, CA

**FEI Number: 32-7102213**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            MANN, KAREN  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            VP  
Name            PORTER, JAMES  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            TREASURER  
Name            CAUSARANO, MARIO  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            S  
Name            CONOVER, SCOTT  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            D  
Name            BANTING, KATE  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            DIRECTOR  
Name            BARDAWILL, JOHN  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            DIRECTOR  
Name            BOIVIN, CAROLE  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title            DIRECTOR  
Name            CAPPE, VIVIEN  
Address        197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

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*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: KAREN MANN**

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEATH, JEFF  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name MAHDY, SHARIF  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name MORTON, ROBERT  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name SAURIOL, KELLIE  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name ZENWIRT, ADRIAN  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name PROUT, BRINA L  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name MANCHEE, MELANIE  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name NIXON, JANET  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8

Title DIRECTOR  
Name SPENCE, NORA  
Address 197 EUCLID AVENUE  
City-State-Zip: TORONTO ONTARIO M6J2J8