

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000491

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

FILED
May 04, 2020
Secretary of State
0263230610CC

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 PORTER, JAMES
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8

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

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

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

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

Title DIRECTOR
Name DHALIWAL, BINDU
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8

Title DIRECTOR
Name JEMMOTT, JENIELE
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8

Title DIRECTOR
Name PROUT, BRINA LUDWIG
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO 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: JAMES PORTER

PRESIDENT

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SARMA, VIVEK
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8

Title DIRECTOR
Name MILLER, WENDY
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8

Title DIRECTOR
Name THOMSON , DAN
Address 197 EUCLID AVENUE
City-State-Zip: TORONTO M6J2J8