FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702215** **(5)**

1. Corporation Name

SUSIE C. HOLLEY CRADLE NURSERY, INC.

Principal Place of Business	Mailing Address
1301 N W 6 COURT FT LAUDERDALE FL 33311	1301 N W 6 COURT FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1961**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0812613** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALEXANDER, LORRAINE
3001 NW 21ST ST
FT LAUDERDALE 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, MARIE	12 NAME	
STREET ADDRESS	433 NW 17TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, ALMA	22 NAME	
STREET ADDRESS	518 NW 3RD AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	24 CITY-ST-ZIP	
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	BARNES, JOHNNIE	32 NAME	
STREET ADDRESS	2471 NW 16 ST	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	34 CITY-ST-ZIP	
TITLE	ED	41 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, LORRAINE	42 NAME	
STREET ADDRESS	3001 BW 21ST STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	MCCOY, ESTHER	52 NAME	
STREET ADDRESS	517 NW 19 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, ALZORA	62 NAME	
STREET ADDRESS	727 NW 15 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Alexander 4/30/95 (305-405-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0008766