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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:23

DOCUMENT # **707174** **(9)**

1. Corporation Name
SOUTH BROWARD CRADLE NURSERY, INC.

Principal Place of Business	Mailing Address
2203 DOUGLAS STREET HOLLYWOOD FL 33020	2203 DOUGLAS STREET HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1964
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1055886 — Applied For ☐ Not Applicable ☐

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUTLER, THEODOSIA 2203 DOUGLAS ST HOLLYWOOD FL 33020	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: Theodosia L. Butler - Theodosia L. Butler 4-20-95
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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	WARREN, MICHAEL D, REV	12 NAME	Geraldine Munnerlyn
STREET ADDRESS	2203 DOUGLAS STREET	13 STREET ADDRESS	2203 Douglas St.
CITY-ST-ZIP	HOLLYWOOD, FL 00000	14 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MUNNERLYN, GERALDINE	22 NAME	
STREET ADDRESS	2203 DOUGLAS STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MUNNERLYN, PAULA	32 NAME	
STREET ADDRESS	2203 DOUGLAS STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MATHIS, NORMA	42 NAME	
STREET ADDRESS	2203 DOUGLAS STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BUTLER, THEODOSIA	52 NAME	
STREET ADDRESS	2203 DOUGLAS STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY WIRE

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: Theodosia L. Butler - Theodosia L. Butler 4-20-95 (305) 923-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #