2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 709077

1. Entity Name

BOYNTON BEACH CHILD CARE CENTER, INC.

FILED
Jun 02, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
909 NORTH EAST 3RD STREET BOYNTON BEACH FL 33435	909 NORTH EAST 3RD STREET BOYNTON BEACH FL 33435

1st MOORE   CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite. Apt. #, etc	4. FEI Number **59-1158422**	Applied For / Not Applicable
City & State	City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASD RAHMING, LENA 235 NW 10TH AVE BOYNTON BEACH FL 33435	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

U00000566638
06/02/06-80008-004 61.25

FILE NOW: FEE IS $61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MACDOWELL, BARBARA		NAME			
STREET ADDRESS	112 S FEDERAL HWY		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RAHMING, LENA		NAME			
STREET ADDRESS	235 NW 10TH AVE.		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP						