

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709077

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** BOYNTON BEACH CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

909 NORTH EAST 3RD STREET  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

909 NORTH EAST 3RD STREET  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 59-1158422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASD RAHMING, LENA  
235 NW 10TH AVE  
BOYNTON BEACH, FL 33435 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAHMING, LENA  
Address: 235 NW 10TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: SD  
Name: WILLIAMS, WILLIE  
Address: 235 NW 10TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: D  
Name: FOARD, QUEENIE  
Address: 235 NW 10TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: LENA RAHMING

PRES

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date