

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:26

DOCUMENT # 720397 (9)

1. Corporation Name

FLORENCE FULLER CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

200 N.E. 14TH ST
BOCA RATON FL 33432

200 N.E. 14TH ST
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1971

3a. Date of Last Report
01/25/1994

4. FEI Number
59-1312245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$9.75 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, FRANCES
250 S. OCEAN BLVD.
BOCA RATON FL 33432

81 Name Joel Feldman
82 Street Address (P.O. Box Number is Not Acceptable)
4800 N. Federal Hwy.
83 Suite 207
84 City Boca Raton FL 85 Zip Code 33431

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

TITLE PD
NAME COHEN, FRAN
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE VD
NAME FELDMAN, JOEL
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD
NAME MICHEL, HARRY
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE T
NAME RICUCCI, NICK C
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL 33432

TITLE V
NAME ARTS, KATHY
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Joel Feldman
1.3 STREET ADDRESS 200 NE 14th Street
1.4 CITY-ST-ZIP Boca Raton, Fla. 33432

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Marilyn Rangel
2.3 STREET ADDRESS 200 NE 14th Street
2.4 CITY-ST-ZIP Boca Raton, Fla. 33432

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Janice Holland
4.3 STREET ADDRESS 200 NE 14th St.
4.4 CITY-ST-ZIP Boca Raton, Fla. 33432

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #