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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720397

1. Corporation Name

FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/03/1971

4. FEI Number

59-1312245

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

9. Name and Address of Current Registered Agent

FUENTE, SHEILA
4874 SANCTUARY LANE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

FELDMAN, JOEL

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

SANCTUARY CENTRE, TOWER D STE. 207

83

4800 N. FEDERAL HWY.

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/99

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME RANGEL, MARILYN
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE S ☐ DELETE

NAME TAUB, RONNA
STREET ADDRESS 200 NE 14 ST
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME HOLLAND, JANICE
STREET ADDRESS 200 NE 14TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PRESIDENT
1.3 STREET ADDRESS FELDMAN, JOEL
1.4 CITY-ST-ZIP 200 NE 14 ST
BOCA RATON, FL 33432

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE PRESIDENT
2.3 STREET ADDRESS FICHERA, CHRISTOPHER, DR.
2.4 CITY-ST-ZIP 200 NE 14 ST
BOCA RATON FL 33432

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME EXECUTIVE DIRECTOR
3.3 STREET ADDRESS HERDEEN, LORRAINE
3.4 CITY-ST-ZIP 200 NE 14 ST
BOCA RATON, FL 33432

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/17/99

561-392-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)