FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

APOSTOLIC CHILD DEVELOPMENT CENTERS, INC.

Principal Place of Business

Mailing Address

816 9TH STREET WEST PALM BEACH FL

922 30TH COURT

WEST PALM BEACH FL 33407-5039

FILED May 09 1997 8:00am Secretary of State



***	U. 1710 DE							•												
												3. Date Incorporated or Qualified 10/19/1972				3a. Date of Last Report 03/15/1996				
_	Principal Pi	ace of Busin	1088		2a. Malling Address						4. FEI Number 59-1500773						Applied For			
21					26							7 1000	7110					Applicable	긔	
22	Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required								İ	
City & State					City & State						6. Election Campaign Financing \$5.00 May Be								ヿ゙	
23	23				28						Trust Fund Contribution Added to Fees									
	Zip	Zip Country			Zip			ountry			8. This co	orporatio	on has lia	ability for	r intangib	le tax und		····	1	
24		25			29 30			:			Florida Statutes Yes No									
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent										
									81 Name											
BLUNTSON, LULA M 922 30TH COURT WEST PALM BEACH FL 33407								82	2 Street Address (P.O. Box Number is Not Acceptable)											
								02	oreer Address (F.O. DOX NUMBER IS NOT ACCEDIABLE)											
								83			•								1	
								84	City					·- ·-···		85	Zip Co	ode	┨	
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11	office or re	egistered ag	ions of Sections 61 gent, or both, in the ith, and accept the	State of Flo	orida. Such	i change was a	authoriz	ed by	the corp	corpor coration	ration subm n's board o	its this s directo	statemen ors. I her	it for the eby acce	purpose ept the ap	of changir opointment	ng its t as re	registered gistered		
Sŧ	GNATURE _	Claneture turned	or printed page of regist	ared egent and	title # spelioshi	TOWN	C. Doniela	rod Aoo	al signalius	. soonised	uban rainalatia	~1			DATE					
Signature, typed or printed name of registered agent at 12. OFFICERS AND D								egistered Agont signature requi		тецьнео			ANGES	TO OFF		ND DIREC	IORS	IN 12	10	
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NA.			ON, LULA M.					NAME											15	
	STREET ADDRESS 922 30TH CT.						1.4		ADDRESS										Į	
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NA		_	on, Elizabeth i	R				NAME									9-			
	REET ADDRESS	726 48T							ADDRESS				4							
			ALM BEACH FL																	
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NA	i	_	E, MARIAN			Deterie		NAME			ı.					L. Ollan	igo.	L Addition		
Į.	REET ADDRESS		Æ. E A #2						ADDRESS											
			BEACH FL																	
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I do hereby certify that the information supplied with this filling 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 logal 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.