

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724595

1. Entity Name

APOSTOLIC CHILD DEVELOPMENT CENTERS, INC.

Principal Place of Business

800 14TH STREET
WEST PALM BEACH FL 33401

Mailing Address

2010 NORMANDY CIRCLE
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BLUNTSON, LULA M
2010 NORMANDY CIR
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-1500773

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BLUNTSON, LULA M
STREET ADDRESS 2010 NORMANDY CIR
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VPD ☐ Delete
NAME JACKSON, ELIZABETH B
STREET ADDRESS 726 48TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DST ☐ Delete
NAME WINGATE, MARIAN
STREET ADDRESS 922 30TH CT
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE D ☐ Delete
NAME SIMMONS, JULIA
STREET ADDRESS 1677 W. 9TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME GILL, SONNY
STREET ADDRESS 1452 42ND STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Delete
NAME BUTLER, EMMA
STREET ADDRESS 606 49TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julia Mae Bluntson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01

Date

(561) 833-1491

Daytime Phone #

CR2E037 (10/00)