2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2006
Secretary of State

DOCUMENT# 724595

Entity Name: APOSTOLIC CHILD DEVELOPMENT CENTERS, INC.

Current Principal Place of Business:

800 14TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2010 NORMANDY CIRCLE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-1500773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLUNTSON, LULA M
2010 NORMANDY CIR
WEST PALM BEACH, FL 33409 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 ( ) Delete
Name: BLUNTSON, LULA M
Address: 2010 NORMANDY CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD ( ) Delete
Name: JACKSON, ELIZABETH B
Address: 726 48TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DST ( ) Delete
Name: WINGATE, MARIAN
Address: 922 30TH CT
City-St-Zip: W. PALM BEACH, FL 33407

Title: D ( ) Delete
Name: GILL, SONNY
Address: 1452 42ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: BUTLER, EMMA
Address: 606 49TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH B.JACKSON VPD 06/03/2006

Electronic Signature of Signing Officer or Director — Date