## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#724595**

FILED Mar 29, 2009 Secretary of State

Entity Name: APOSTOLIC CHILD DEVELOPMENT CENTERS, INC.

Surrent P	rincipal Place	oi Busilless.	New Principal Plac		
300 14TH WEST PA	STREET LM BEACH, FL	33401			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	MANDY CIRCI LM BEACH, FL				
El Number	: 59-1500773	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2010 NOR	N, LULA M MANDY CIR LM BEACH, FL	33409 US			
	named entity s of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	⊋F.				
	<b>\</b>				
		ic Signature of Registered Ag	ent	Date	
				Date  GES TO OFFICERS AND DIRECTOR	
	Electron S AND DIREC PD () BLUNTSON, LU 2010 NORMAN	TORS: Delete LA M			
OFFICER: Title: Name: Address:	Electron  S AND DIREC  PD () BLUNTSON, LU 2010 NORMANI WEST PALM BI  VPD () JACKSON, ELIZ 726 48TH ST.	FORS:  Delete LA M DY CIR EACH, FL 33409  Delete	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
DFFICER: itle: lame: ddress: city-St-Zip: itle: lame: lame: ddress:	Electron  S AND DIREC  PD () BLUNTSON, LU 2010 NORMAN! WEST PALM BI  VPD () JACKSON, ELIZ 726 48TH ST. WEST PALM BI	Delete LA M DY CIR EACH, FL 33409  Delete CABETH B EACH, FL 33407  Delete	ADDITIONS/CHANDITIES: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR:	
DFFICER: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	Electron  S AND DIREC  PD () BLUNTSON, LU 2010 NORMANI WEST PALM BI  VPD () JACKSON, ELIZ 726 48TH ST. WEST PALM BI  DST () WINGATE, MAR 922 30TH CT W. PALM BEAC  D () HENDERSON, 102 SWAN PAR	Delete LA M DY CIR EACH, FL 33409  Delete CABETH B EACH, FL 33407  Delete LIAN  H, FL 33407  Delete LANICE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LULA M BLUNTSON PRES 03/29/2009