FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:25

DOCUMENT # 733365 (1)

1. Corporation Name

IRMA HUNTER WESLEY FORT LAUDERDALE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
3369 N.W. 21ST ST. FT. LAUDERDALE FL 33311-2711	3369 N.W. 21ST ST. FT. LAUDERDALE FL 33311-2711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1975
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1420571 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1409 N.W. Sistrunk Blvd	26 1409 N.W. Sistrunk Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Fort Lauderdale, Fl	27 Fort Lauderdale, Fl
City & State	City & State
23 33311	28 33311
Zip	Zip
24	29
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, BEVERLY
3369 N.W. 21ST STREET
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BEVERLY	1.2 NAME	
STREET ADDRESS	3369 N W 21 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ERNESTINE	2.2 NAME	
STREET ADDRESS	349 N W 30TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ROSEMARY	3.2 NAME	
STREET ADDRESS	1719 N W 13 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, EILEEN	4.2 NAME	
STREET ADDRESS	1524 N W 15 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DOOLING, VERNON	5.2 NAME	
STREET ADDRESS	832 NW 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SHEFFIELD, TONYA	6.2 NAME	
STREET ADDRESS	1141 SUSSEX DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Beverly Williams Beverly Williams 1-24-95 305 485-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

604681