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

APPROVED AND FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734833** **(7)**

1. Corporation Name

GERTRUDE WALDEN CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
611 LAKE STREET P.O. BOX 657 STUART FL 34994	611 LAKE STREET P.O. BOX 657 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1976
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-1657492 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARNES, JACONICA G
1991 S. FEDERAL HWY.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Bruce Opland
82 Street Address (P.O. Box Number is Not Acceptable): 657 S.E. Whitmore Drive
83
84 City: Port St. Lucie **FL** 85 Zip Code: 34984

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: [signature] 4/28/95
(If changing Registered Agent, New Registered Agent must sign) (If changing Registered Agent, Former Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	SD	11 TITLE	SD	☒ Change ☐ Addition
12 NAME	HALL, CYNTHIA	12 NAME	Bobbie Scott	
13 STREET ADDRESS	806 BAYOU AVE	13 STREET ADDRESS	906 S.E. Lake Street	
14 CITY ST ZIP	STUART FL	14 CITY ST ZIP	Stuart, Fl 34994	
21 TITLE	P	21 TITLE	P	☒ Change ☐ Addition
22 NAME	BARNES, JACONICA G	22 NAME	Bruce Opland	
23 STREET ADDRESS	1991 S. FEDERAL HWY.	23 STREET ADDRESS	657 S.E. Whitmore Drive	
24 CITY ST ZIP	STUART FL	24 CITY ST ZIP	Port St. Lucie, Fl 34984	
31 TITLE	MD	31 TITLE	MD	☒ Change ☐ Addition
32 NAME	MERRICKS, CHARLOTTE	32 NAME	Julie Anne Carreiro	
33 STREET ADDRESS	832 CENTRAL AVE.	33 STREET ADDRESS	3417 S.W. Cornell Avenue	
34 CITY ST ZIP	STUART FL	34 CITY ST ZIP	Palm City, Fl 34990	
41 TITLE	T	41 TITLE	T	☒ Change ☐ Addition
42 NAME	GIPSON, MILDRED	42 NAME	Carl F. Firley	
43 STREET ADDRESS	919 S.E. LAKE ST.	43 STREET ADDRESS	4976 S.W. Bimini Circle	
44 CITY ST ZIP	STRART FL	44 CITY ST ZIP	Palm City, Fl 34990	
51 TITLE	V	51 TITLE	V	☒ Change ☐ Addition
52 NAME	OPLAND, BRUCE	52 NAME	Thelma Washington	
53 STREET ADDRESS	657 S.E. WHITMORE	53 STREET ADDRESS	184 N.E. Blairwood Trail	
54 CITY ST ZIP	PT. ST. LUCIE FL	54 CITY ST ZIP	Jensen Beach, Fl 34957	
61 TITLE	SD	61 TITLE		☐ Change ☐ Addition
62 NAME	MOSLEY, MARTHA	62 NAME		
63 STREET ADDRESS	912 E. 9TH ST.	63 STREET ADDRESS		
64 CITY ST ZIP	STUART FL	64 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 address.

SIGNATURE: [signature] Julie Anne Carreiro 4/28/95 (407)283-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000990