FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **01/21/1976**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OPLAND, BRUCE
657 S.E. WHITMORE DRIVE
PORT ST. LUCIE FL 34984

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bruce Opland/President — DATE: 2-5-96

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	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, BOBBIE		1.2 NAME	
STREET ADDRESS	906 S.E. LAKE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OPLAND, BRUCE		2.2 NAME	
STREET ADDRESS	657 S.E. WHITMORE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARREIRO, JULIE A		3.2 NAME	
STREET ADDRESS	3417 S.W. CORNELL AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FIRLEY, CARL F		4.2 NAME	
STREET ADDRESS	4976 S.W. BIMINI CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, THELMA		5.2 NAME	
STREET ADDRESS	184 N.E. NLAIRWOOD TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOSLEY, MARTHA		6.2 NAME	
STREET ADDRESS	912 E. 9TH ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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: _____ 2/2/96 407/283-6321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JULIE ANNE CARREIRO