FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

GERTRUDE WALDEN CHILD CARE CENTER, INC.

FILED						
May 27 1998 8:00am						
Secretary of State						

					I ANAN BARN BIRN BIRN BIRN BIRN BIRN HAR
Principal Place	of Business	Mailing Address			L BYEAT BYBAY BYBAY BYBAY BYBAY ABBY
601 LAKE STREET		601 LAKE STREET		3. Date Incorporated or Qualified	
STUART FL 34994-\$152 US		STUART FL 34994-3152 US	•	01/21/1976	
				4. FEI Number 59-1657492	Applied For Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27			Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	O. Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
		Harvey, Phillip			
	, BRUCE		82 Street	Address (P.Q. Box Number is Not Acceptable)
	WHITMORE DRIVE		83	A St Colee Ave	2
PORT ST	r. Lucie FL 34984		63		
			84 City	Stuart	FL 85 Zip Code 7
11. Pursuant I	o the provisions of Specions 617 060	12 and 617 1509 Florida Ct	atutos the above named	corporation submits this statement for the pur	
office or re	egistered agent, or both, in the State	of Florida. Such change w	as authorized by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	the appointment as registered
1 /	n temiliar with, and accept the obliga	ations of, Section 617.0503,	, Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered, age	out trib life if anoliceble	NOTE: Registered Agent signature	required when reinstaling)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	\$0	DECETE	1.1 TITLE		Change Addition
NAME	\$COTT, BOBBIE		1.2 NAME		
STREET ADDRESS	90 6 S.E. LAKE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CIFY - ST - ZIP		
TITLE	P	DELETE	2.1 TITLE	P Harasay	Change Addition
NAME	OPLAND, BRUCE		2.2 NAME	Phillip Have y 5821 SE Colee Ave	
STREET ADDRESS	657 S.E. WHITMORE DRIVE				_
CITY-ST-ZIP	PORT ST. LUCIE FL	DELETE	2. 4 CITY-ST-ZIP	Stuart, FL 34997	Change Addition
TITLE	MD	Fig Detere	3.1 TITLE		C Change D Adoition
NAME DEDUCES ADDRESS	WASHINGTON, THELMA M. 184 NE BLAIRWOOD TRACE		3.2 NAME		
STREET ADDRESS	JENSEN BEACH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	T	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	FIRLEY, CARL F			Judy Banas	
STREET ADDRESS	4976 S.W. BIMINI CIRCLE		4.3 STREET ADDRESS	Judy Bowson Pine w	<i>∞</i> 1
CITY-ST-ZIP	PALM CITY FL		4.4 CITY - ST - ZIP	Palm City, FL 34990	5'
TITLE	VP	DELETE		VP	Change Addition
NAME	MOSLEY, MARTHA		5.2 NAME	cynthia fingelt Bu	4
STREET ADDRESS	912 E 9TH ST		5.3 STREET ADDRESS	ación se a lucie Blu	<i>a</i> .
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	Stw4. FL. 34994	
TITLE	\$	DELETE	6.1 TITLE		Change Addition
NAME	NEWMAN, SANDRA		6.2 NAME		
STREET ADDRESS	902 E LAKE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP_	STUART FL		6.4 CITY - ST - ZIP		

Thereby certify that the information supplied with this filing 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 or an attachment with an address.