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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734833**

1. Corporation Name

GERTRUDE WALDEN CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
601 LAKE STREET STUART FL 34994-3152 US	601 LAKE STREET STUART FL 34994-3152 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/21/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1657492 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARVEY, PHILLIP
5821 S E COLEE AVENUE
STUART FL 34997

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 _____ 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	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	HARVERY, PHILLIP		2.2 NAME	
STREET ADDRESS	5821 SE COLEE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, THELMA M.		3.2 NAME	
STREET ADDRESS	184 NE BLAIRWOOD TRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		3.4. CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, JUDY		4. 2 NAME	
STREET ADDRESS	1635 S W SILVER PINE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PINGOLT, CYNTHIA		5.2 NAME	
STREET ADDRESS	2060 S E ST LUCIE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST-ZIP	
TITLE	S	☐ 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	

14. I hereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 561-283-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)