2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 734833

1. Entity 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

03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1657492
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, PHILLIP
5821 S E COLEE AVENUE
STUART, FL 34997

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MCCARTNEY, CATHERINE
STREET ADDRESS	2365 SE COUNTRY CLUB LANE
CITY-ST-ZIP	STUART, FL 34996
TITLE	P
NAME	HARVERY, PHILLIP
STREET ADDRESS	5821 SE COLEE AVENUE
CITY-ST-ZIP	STUART, FL 34997
TITLE	MD
NAME	WASHINGTON, THELMA M.
STREET ADDRESS	184 NE BLAIRWOOD TRACE
CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	T
NAME	BOWEN, JUDY
STREET ADDRESS	1635 S W SILVER PINE WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	UBER, GARY
STREET ADDRESS	6635 FLORAL TRACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SD
NAME	MOSLEY, MARTHA
STREET ADDRESS	912 E 9TH ST
CITY-ST-ZIP	STUART, FL 34994

U00000269098
03/18/05-80070-009 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thelma M. Washington 3/14/05 772-283-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #