

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734833

FILED
Jul 10, 2006
Secretary of State

Entity Name: GERTRUDE WALDEN CHILD CARE CENTER, INC.

Current Principal Place of Business:

601 LAKE STREET
STUART, FL 349943152 US

New Principal Place of Business:

Current Mailing Address:

601 LAKE STREET
STUART, FL 349943152 US

New Mailing Address:

FEI Number: 59-1657492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCCARTNEY, CATHERINE
Address: 2365 SE COUNTRY CLUB LANE
City-St-Zip: STUART, FL 34996

Title: P () Delete
Name: HARVEY, PHILLIP
Address: 5821 SE COLEE AVENUE
City-St-Zip: STUART, FL 34997

Title: MD () Delete
Name: WASHINGTON, THELMA M.
Address: 184 NE BLAIRWOOD TRACE
City-St-Zip: JENSEN BEACH, FL

Title: T () Delete
Name: BOWEN, JUDY
Address: 1635 S W SILVER PINE WAY
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: UBER, GARY
Address: 6635 FLORAL TRACE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: MOSLEY, MARTHA
Address: 912 E 9TH ST
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: WASHINGTON, THELMA M.
Address: 184 NE BLAIRWOOD TRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA M. WASHINGTON

MD

07/10/2006

Electronic Signature of Signing Officer or Director

Date