2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# 734833

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:	CHAPMAN, KATHERINE	
Address:	3601 SW MASHIE CT	
City-St-Zip:	PALM CITY, FL 34990	
Title:	P	( ) Delete
Name:	HARVERY, 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 34957	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 08/08/2008

Electronic Signature of Signing Officer or Director — Date