

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734833

FILED
Feb 15, 2011
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: 59-1651492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, PHILIP
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
Name: HORNICK, PEGGY
Address: 1322 SW SEAHAWK WAY
City-St-Zip: PALM CITY, FL 34990

Title: P
Name: HARVERY, PHILLIP
Address: 5821 SE COLEE AVENUE
City-St-Zip: STUART, FL 34997

Title: ED
Name: WASHINGTON, THELMA M.
Address: 184 NE BLAIRWOOD TRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: T
Name: EIGHMIE, HUGH
Address: 1965 SE BOLTON
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP
Name: GILLESPIE, PHYLLIS
Address: 2142 NE MARLBERRY LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD
Name: WADE, SCOTT
Address: 9 E HIGH POINT ROAD
City-St-Zip: SEWELLS POINT, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: THELMA M. WASHINGTON

ED

02/15/2011

Electronic Signature of Signing Officer or Director

Date