

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90112 004 \*\*\*\*61.25

0033046

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 743227**

1. Corporation Name

**NORTH MIAMI EARLY CHILDHOOD SCHOOL AND DAY CARE  
CENTER, INC.**

Principal Place of Business  
1200 N.E. 135TH. STREET  
NORTH MIAMI 33161

Mailing Address  
1200 N.E. 135TH. STREET  
NORTH MIAMI 33161



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1978

4. FEI Number

59-1896602

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WELSH, FRANK  
1200 SW 113 TERRACE  
BUILDING 7 #104  
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81 Name

**LAURENT, KARYENE**

82 Street Address (P.O. Box Number is Not Acceptable)

**1200 N.E. 135 STREET**

83

84 City

**NORTH MIAMI**

**FL**

85 Zip Code

**33161**

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

*Karyene Laurent*

*Karyene Laurent, President*

DATE

*4/29/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **WELSH, FRANK**  
STREET ADDRESS **1200 SW 113 TERR**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE VD ☐ DELETE

NAME **HELENE, CAROL**  
STREET ADDRESS **431 NW 146TH ST.**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE SD ☒ DELETE

NAME **SWIMMER, BERNICE**  
STREET ADDRESS **10893 NE 2 PL.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE D ☐ DELETE

NAME **STEWART, BERNICE**  
STREET ADDRESS **8025 W. 18 LANE**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D WILSON, JUANITA**  
1.3 STREET ADDRESS **1200 NE 135 STREET**  
1.4 CITY-ST-ZIP **NORTH MIAMI FL 33161**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D GAMBREL, IVAN**  
2.3 STREET ADDRESS **1200 NE 135 STREET**  
2.4 CITY-ST-ZIP **NORTH MIAMI FL 33161**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **PD LAURENT, KARYENE**  
3.3 STREET ADDRESS **1200 NE 135 STREET**  
3.4 CITY-ST-ZIP **NORTH MIAMI FL 33161**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **3D GAMBREL, ROSEMARY**  
4.3 STREET ADDRESS **1200 NE 135 STREET**  
4.4 CITY-ST-ZIP **NORTH MIAMI, FL 33161**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: *Karyene Laurent* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/99* (305) 895-1059

Date

Daytime Phone #

CR2E037 (11/98)