

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 743227

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



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

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

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1896602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, JUDITH W
1200 N.E. 135TH ST.
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FELDMAN, JUDITH W
13085 ORTEGA LANE
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
IBOYI, PATRICIA
660 NW 177 STREET #244
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HELENE, CAROL
431 NW 146 STREET
NORTH MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BOYKIN, PATTY
13095 EMERALD DR. # 2
NORTH MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARCOU, ALICE
13455 NE 10 AVE #408
NORTH MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SEEBER, GREGORY REV
11925 NE 2 AVE
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #