

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90234 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 748145

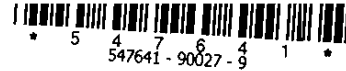
1. Corporation Name

GREATER MIAMI CHILDREN'S CENTERS, INC.

Principal Place of Business

256 SW 12TH STREET
MIAMI FL 33130-4252

Mailing Address

256 SW 12TH STREET
MIAMI FL 33130-4252

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/20/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1921556	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALLMAN, MICHAEL 256 S.W. 12TH STREET MIAMI FL 33130				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLMAN, MICHAEL	1.2 NAME	
STREET ADDRESS	256 S.W. 12TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	
TITLE	DT ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	CALABRESE, ANGELICA M	2.2 NAME	DT
STREET ADDRESS	256 SW 12TH STREET	2.3 STREET ADDRESS	SHEILA MELO
CITY-ST-ZIP	MIAMI FL 33130-4252	2.4 CITY-ST-ZIP	256 SW 12TH STREET
TITLE	DAT ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	MACNAMARA, MARY	3.2 NAME	DAT
STREET ADDRESS	256 SW 12TH STREET	3.3 STREET ADDRESS	FRANCIS VISH
CITY-ST-ZIP	MIAMI FL 33130-4252	3.4 CITY-ST-ZIP	256 SW 12TH STREET
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 08, 1999 (85) 856-6050

CR2E037 (11/98)