

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 007 ****61.25

DOCUMENT # N00000000916

1. Entity Name
**APOSTOLIC JOY AND MIRACLES CHILD
DEVELOPMENT CENTER, INC.**



Principal Place of Business
**340 W. 20TH ST.
RIVIERA BCH, FL 33404**

Mailing Address
**340 W. 20TH ST.
RIVIERA BCH, FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0983457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEARS, JOSEPH
340 W. 20TH ST.
RIVIERA BCH, FL 33404**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CATO, MELINDA L
4579 CHERRY ROAD
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEARS, RONA
340 W 20TH STREET
WEST PALM BEACH, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SEARS, POINDEXTER
2061 H AVENUE EAST
WEST PALM BEACH, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, MIRIAN
1609 W 26TH STREE
WEST PALM BEACH, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STARKS, RUTH
4139 TYMBERWOODS LANE
ORLANDO, FL 32839** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
**T
CAROLYN FREEMAN
5901 CARIBBEAN BLVD.
WEST PALM BEACH, FL 33407** ☐ Change ☒ Addition

12. 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 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 #

CR2E037 (10/02)