## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 20, 2004 8:00 am Secretary of State

DOCUMENT # N0000001119  1. Entity Name THE EXCELLENT CHILD LEARNING CENTER AND GREATGOD ANOINTED WORD CENTER, INC.								05-20-2	:004 9000	8 034 ****	61.25
790 WOODB	e of Business INE WAY, #724 I GARDENS, FL 33418	P.O. E	Mailing Address P.O. BOX 3764 W. PALM BEACH, FL 33402					44045	818	·	
2. Principal Place of Business		3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			. '	03092003	Chg-NP	CR2E	037 (10/03)	
City & State		City	City & State				4. FEI Numb 65-093			<del> </del>	pplied For ot Applicable
Zip	Country	Zip	·	Cou	untry		5. Certificate	of Status Desir	ed . 🗀 .	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Curren	nt Registered	1 Agent				7. Name and	Address of Ne	w Registere	d Agent	
TURNER	DELORES E DR.PH.D				Name	Del	ores T	urne	r Ph	D.	•
909 29TH							P.O. Box Numb			<del>-, ,</del>	
W. PALM I	BEACH, FL 33407				790 Wood Dino Way						
					Pal	2m	Beach (	Sarde	ng F	L Zip Coo	ULA
8. The above	named entity submits this statement tions of registered agent.	for the purpo	se of changing it	s register	ed office o	r registe	red agent, or bo	th, in the State	of Florida. I a	m familiar with	, and accept
tire obligat	tions of registered agent.	<b>~</b>									
SIGNATURE .		Lur	nen						5/14	144	
	Signature, typed or printed name of registered age	ht and title if appli	cable. (NO	TE: Registere	d Agent signet	ure required	d when reinstating)		DATE		•
	7 0.	ht and bite if appli		•		ure required		101815.00	DAM.		
D	Filing Fee is \$61.25 ue by September 8, 2004	ht and title if appli	9. Election Ca Trust Fund	ımpaign F	inancing	ure required	\$5.00 May be Added to Fees		Florida Dep	ck payable of s	itate
<b>D</b>	Filing Fee is \$61.25		9. Election Ca	ımpaign F Contribut	inancing ion	0	\$5.00 May 8		Florida Dep	ertment of S	tete
10.	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND D		9. Election Ca	ımpaign F Contribut	inancing		\$5.00 May to Added to Fees	IANGES TO OF	Florida Dep FICERS AND	ertment of S	tete
10. TITLE NAME	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND D PD TURNER, DELORES E		9. Election Ca Trust Fund	TITUE	inancing ion.	Tu	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFI	Florida Dep FICERS AND	artment of S DIRECTORS II	N 10
10.	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND D  PD  TURNER, DELORES E  11887 STAR BRIDGE LANE		9. Election Ca Trust Fund	TITLE NAMESTREE	Financing ion.	Tu	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFI	Florida Dep FICERS AND	artment of S DIRECTORS II	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND D PD TURNER, DELORES E		9. Election Ca Trust Fund	TITLE NAMESTREE	Financing ion.  ECGA  EET ADDRESS -ST-ZIP	Tu	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFI	Florida Dep FICERS AND	DIRECTORS IN DIREC	N 10 Addition
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND D  PD  TURNER, DELORES E  11867 STAR BRIDGE LANE WELLINGTON, FL 33414		9. Election Ca Trust Fund	TITLE NAMESTREE	Financing ion.  E C & b  E  EF ADDRESS -ST-ZIP	Tu	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFI	Florida Dep FICERS AND	DIRECTORS IF	N 10
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND D  PD  TURNER, DELORES E  11867 STAR BRIDGE LANE WELLINGTON, FL 33414 SD		9. Election Ca Trust Fund	Impaign F Contributi 11. ITILE NAM STRE GITY TITLE	Financing ion.  E C & b  E  EF ADDRESS -ST-ZIP	Tu	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFI	Florida Dep FICERS AND	DIRECTORS IN DIREC	N 10 Addition
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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.

	urner	Delores Turner	5/14/04	561-841-891	82
SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER C	OR DIRECTOR	Date .	Daytime Phone #	•