

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000003378

1. Entity Name  
CECILE DAY CARE & FAMILY DEVELOPMENT  
FOUNDATION, INC.



Principal Place of Business  
183 N.E. 57TH STREET  
MIAMI, FL 33137

Mailing Address  
183 N.E. 57TH STREET  
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

183 NE 57th St

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Zip

33137

Country

DADE

Zip

Country

09062007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-1012119

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALCINDOR, PIERRE M  
871 NE 195TH STREET  
SUITE 401  
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name CECILE LAURISTON  
Street Address (P.O. Box Number is Not Acceptable)  
460 NW 89th St  
Miami  
City Miami FL Zip Code 33150

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

*Cecile Lauriston*

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

(NOTE: Registered Agent signature required when reinstating)

9/05/07

Date

Amended AR 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          | D                        | <input type="checkbox"/> Delete |
| NAME           | ALCINDOR, PIERRE M       |                                 |
| STREET ADDRESS | 871 N.E. 195TH ST., #401 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33179          |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LAURISTON, MICHEL S      |                                 |
| STREET ADDRESS | 460 N.W. 89TH STREET     |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33150          |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LAURISTON, JEAN S        |                                 |
| STREET ADDRESS | 460 N.W. 89TH STREET     |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33150          |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LAURISTON CECILE         |                                 |
| STREET ADDRESS | 460 NW 89th St           |                                 |
| CITY-ST-ZIP    | Miami, FL 33150          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | 200110062422  |
| CITY-ST-ZIP    | 03/28/07--01057--003 **66.25                                      |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | \$79/25   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:

*Cecile Lauriston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/05/07

Daytime Phone #