

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003845

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** COMMUNITY CHILD CARE CENTER OF DELRAY BEACH FOUNDATION, INC.

**Current Principal Place of Business:**

345 NW 5TH AVE.  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

555 N.W. 4TH STREET  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 65-1023099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEIBEL, STEPHANIE  
ACHIEVEMENT CENTERS FOR CHILDREN & FAMILIE  
S FOUNDATION: 555 NW 4TH STREET  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JULIEN, ROBERT  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** VP  
**Name:** FITZSIMONS, MICHAEL  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** T  
**Name:** JACOBUS, GEORGE  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** S  
**Name:** FORMAN, BRETT  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** D  
**Name:** BRIGHT, ANNE  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** D  
**Name:** EATON, MEG  
**Address:** 555 N.W. 4TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STEPHANIE SEIBEL

ED

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date