

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90137 002 \*\*\*\*70.00

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**DOCUMENT # NO1000004953**

1. Entity Name

**EAGLES NEST ACADEMY CHILD CARE CENTER, INC.**



Principal Place of Business

**5353 45TH ST.  
WEST PALM BEACH FL 33407**

Mailing Address

**5353 45TH ST.  
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1128473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOYSTON, CAMILLE G  
4975 SABLE PINE CIRCLE #A2  
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name

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

**WPB FL 33417**

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  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD  
WILLIAMS, LIJETH J  
5353 45TH ST.  
WEST PALM BEACH FL 33407**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
WILLIAMS, ETHAN S JR.  
1620 BALFOUR POINT DR.  
WEST PALM BEACH FL 33411**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Sherlene Sanderson  
1212 Rosebud Lane  
WPB FL 33415**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
GRANT, JUAN ANTONI  
1620 BALFOUR POINT DR.  
WEST PALM BEACH FL 33411**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Denise Williams  
8875 Okeechobee Blvd  
WPB FL 33411**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
LEWIS, DIANE  
450 WEST 37TH ST.  
RIVERA BEACH FL 33404**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Fedora Blackwood  
1620 Balfour Point Drive  
WPB FL 33411**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

**Lijeth Williams**

**7/30/03**

**561-684-3082**

CR2E037 (4/03)