


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006796 1. Entity Name ST. MARY'S CHILD DEVELOPMENT CENTER, INC.	
---	---

Principal Place of Business 5325 GREENWOOD AVENUE SUITE 201 WEST PALM BEACH, FL 33401	Mailing Address 5325 GREENWOOD AVENUE SUITE 201 WEST PALM BEACH, FL 33407
--	--

DO NOT WRITE IN THIS SPACE



03052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-0002887	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 TED WASSERMAN 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

U00000093771 03/22/04-80031-017 70.00
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARMERSTEIN, PETER 901 45TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, CARL D 500 W.CYPRESS CREEK ROAD#370 FT.LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGNMAN, DON 500 W.CYPRESS CREEK ROAD#370 FT.LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASSERMAN, TED DR 5325 GREENWOOD AVENUE #201 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information submitted 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 supplementary 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 agent 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: TED WASSERMAN 3/15/04 (561) 881 2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #