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Secretary of State

04-29-2005 90174 010 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

50044407

DOCUMENT # N01000006796

1. Entity Name
ST. MARY'S CHILD DEVELOPMENT CENTER, INC

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

04132005 Chg-NP CR2E037 (10/03)

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 30-0002887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Name Street Address (P O Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	PD MARMERSTEIN, PETER 901 45TH STREET WEST PALM BEACH, FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Robert R. Mooney 11473 Riverwood Place West Palm Beach, FL 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, CARL D 500 W.CYPRESS CREEK ROAD#370 FT.LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Mark Poncy 5380 North Ocean Drive, Apt. 12J Singer Island, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIGNMAN, DON 500 W CYPRESS CREEK ROAD#370 FT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Frank Compiani 1555 Palm Beach Lakes Blvd. Suite 1400 West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WASSERMAN, TED DR 5325 GREENWOOD AVENUE #201 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D See attached.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Mary Huser 11830 Lakeside Drive North Palm Beach, FL 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Engelhart 8561 Egret Lake Lane West Palm Beach, FL 33412 (cont.)	☐ 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: _____ 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#N0100000679G
S0044407

Block 11 (cont.)

Title D Addition
Name Patrick Rooney, Jr.
Street Address 6659 Audubon Trace
City-St-Zip West Palm Beach, FL 33412