# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2007**
**Secretary of State**

DOCUMENT# N01000006796

**Entity Name:** CENTER FOR CHILD DEVELOPMENT, INC.

**Current Principal Place of Business:**

5325 GREENWOOD AVENUE
SUITE 201
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

5325 GREENWOOD AVENUE
SUITE 201
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number: 30-0002887** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: | PD | ( ) Delete |
| Name: | MOONEY, ROBERT R | |
| Address: | 11473 RIVERWOOD PLACE | |
| City-St-Zip: | WEST PALM BEACH, FL 33408 | |
| Title: | V | ( ) Delete |
| Name: | PONCY, MARK | |
| Address: | 5380 N OCEAN DR, APT 12J | |
| City-St-Zip: | SINGER ISLAND, FL 33404 | |
| Title: | TD | ( ) Delete |
| Name: | COMPIANI, FRANK | |
| Address: | 1555 PALM BEACH LAKES BLVD, STE 1400 | |
| City-St-Zip: | WEST PALM BEACH, FL 33401 | |
| Title: | ST | ( ) Delete |
| Name: | WASSERMAN, TED DR | |
| Address: | 5325 GREENWOOD AVENUE #201 | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |
| Title: | SD | ( ) Delete |
| Name: | HUSER, MARY | |
| Address: | 11830 LAKESIDE DRIVE | |
| City-St-Zip: | NORTH PALM BEACH, FL 33408 | |
| Title: | D | ( ) Delete |
| Name: | ROONEY, PATRICK JR | |
| Address: | 6659 AUDUBON TRACE | |
| City-St-Zip: | WEST PALM BEACH, FL 33412 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT MOONEY P/D 05/07/2007

Electronic Signature of Signing Officer or Director — Date