

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001600

FILED
Feb 03, 2009
Secretary of State

Entity Name: Y-TAC CHILDCARE PROGRAMS INC.

Current Principal Place of Business:

5900 N.W 14 COURT
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5900 N.W 14 COURT
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 26-1981694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKS, LESTER L JR
5900 N.W 14 COURT
SUNRISE, FL 33313 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: WILKS, LESTER L JR
Address: 5900 NW 14 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: VPD () Delete
Name: WILKS, MELROSE F
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: VPD () Delete
Name: WILKS, LESTER L SR
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: VPD () Delete
Name: NOBLE, JEROME E
Address: 14324 NE 2 PLACE
City-St-Zip: MIAMI, FL 33101 US

Title: D () Delete
Name: FOSTER, MARY
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: ROLLE, SHARMES
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: DIAZ-SUAREZ, GENOVEA A
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: VPD (X) Change () Addition
Name: WILKS, MELROSE F
Address: 5900 N.W 14 COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: VPD (X) Change () Addition
Name: WILKS, LESTER L
Address: 14324 NE 2 PLACE
City-St-Zip: SUNRISE, FL 33313 US

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

Title: D (X) Change () Addition
Name: JEROME, NOBLE
Address: 14324 NE 2 PLACE
City-St-Zip: MIAMI, FL 333101

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: LESTER L WILKS

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date