

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005021

**FILED**  
**May 04, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA FAMILY, YOUTH AND CHILD DEVELOPMENTAL LEARNING CENTER, INC.

**Current Principal Place of Business:**

16358 MARIPOSA CIRCLE SOUTH  
FT LAUDERDALE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

16358 MARIPOSA CIRCLE SOUTH  
FT LAUDERDALE, FL 33331

**New Mailing Address:**

**FEI Number:** 26-2581545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS-DUPREE, ANGELA E DR  
16358 MARIPOSA CIRCLE SOUTH  
FT LAUDERDALE, FL 33331 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: P  
Name: DUPREE, CLYDE S  
Address: 15751 SHERIDAN ST NUM 155  
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: VP  
Name: SMITH, JEANNETTE  
Address: 540 NW 4TH AVE APT 1905  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: BM  
Name: LEWIS, GERALDINE  
Address: 3421 SW 144 AVE  
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: DR ANGELA E THOMAS-DUPREE

RA

05/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date