

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90249 016 ****61.25

DOCUMENT # N09608

1. Entity Name

PEOPLE'S CHILD CARE CENTER, INC.



Principal Place of Business

106 MILITARY TRAIL
JUPITER FL 33458

Mailing Address

106 MILITARY TRAIL
JUPITER FL 33458

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

65-0048679

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

SCOTT, CLAUDE R.
106 MILITARY BLVD
JUPITER FL 33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD ☐ Delete
NAME PENWELL, WILLIAM
STREET ADDRESS 24 RAINTREE TRAIL
CITY-ST-ZIP JUPITER FL 33458

TITLE AS ☐ Delete
NAME WHITE, CHARLES
STREET ADDRESS 535 E. INDIANTOWN
CITY-ST-ZIP JUPITER FL

TITLE VD ☐ Delete
NAME CASTO, TINA
STREET ADDRESS 315 WEST 3RD ST
CITY-ST-ZIP JUPITER FL 33458

TITLE SD ☐ Delete
NAME VANDERLIP, BARBARA
STREET ADDRESS 301D PINECREST CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE TD ☐ Delete
NAME SCOTT, CLAUDE R
STREET ADDRESS 106 MILITARY TRAIL
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *William L Penwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2004

Date

(561) 746-4330

Daytime Phone #