


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 019 ****61.25

DOCUMENT # N09608

1. Entity Name
PEOPLE'S CHILD CARE CENTER, INC.



Principal Place of Business
**124 RAINTREE TRAIL
 JUPITER, FL 33458**

Mailing Address
**PO BOX 7119
 JUPITER, FL 33458**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02252008 Chg-NP CR2E037 (12/06)

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

**SCOTT, CLAUDE R.
 106 MILITARY BLVD
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent

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, 2008**

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	<input type="checkbox"/> Delete
NAME	PENWELL, WILLIAM	
STREET ADDRESS	24 RAINTREE TRAIL	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENINGER, TG	
STREET ADDRESS	116 SATINWOOD LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FELLER, RICHARD	
STREET ADDRESS	436 MAPLE AVENUE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, DARLENE	
STREET ADDRESS	162 GREENTREE CIR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCOTT, CLAUDE R	
STREET ADDRESS	106 MILITARY TRAIL	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forman, Bud	
STREET ADDRESS	205 7th Street	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hart Jennifer	
STREET ADDRESS	39 Ridgewood Circle	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **3-19-08** ⁽⁵⁶¹⁾ **746-4330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #