

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004593

FILED
Mar 13, 2012
Secretary of State

Entity Name: GOD'S LITTLE ANGELS NURSING AND CHILD CARE SERVICES INC

Current Principal Place of Business:

601 NW 42 AVENUE
APT 602
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

601 NW 42 AVENUE
APT 602
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASTRO/WASKET, MARION
601 NW 42 AVENUE
APT 602
PLANTATION, FL 33317 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/D
Name: CASTRO/WASKET, MARION
Address: 601 NW 42 AVENUE APT 602
City-St-Zip: PLANTATION, FL 33317 US

Title: VP/D
Name: WASKET, PATRICK
Address: 601 NW 42 AVENUE APT 602
City-St-Zip: PLANTATION, FL 33317 US

Title: D/S
Name: HUTCHINSON, KAY
Address: 4340 NW 6 COURT
City-St-Zip: PLANTATION, FL 33317 US

Title: D/T
Name: WILLIAMS, ELTON
Address: 601 NW 42 AVENUE APT 602
City-St-Zip: PLANTATION, FL 33317 US

Title: D
Name: SMITH, SASHANE
Address: 601 NW 42 AVENUE APT 602
City-St-Zip: PLANTATION, FL 33317 US

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: M CASTRO/WASKET

PD

03/13/2012

Electronic Signature of Signing Officer or Director

Date