

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11173 (4)

1. Corporation Name

ALPHA-TIME CHILDREN CENTER OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

**770 S.W. 12TH TERRACE
DELRAY BEACH FL 33444-1367**

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DELRAY BEACH FL 33444-1367**

3. Date Incorporated or Qualified
09/19/1985

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2573564

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, SEMMIE Z
5344 JOG LANE
DELRAY BEACH FL 33484**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TAYLOR, SEMMIE Z**
CITY-ST-ZIP **5344 JOG LANE
DELRAY BEACH FL 33484**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **TAYLOR, DORIS N**
CITY-ST-ZIP **5344 JOG LANE
DELRAY BEACH FL 33484**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **TAYLOR, ARISSIE**
CITY-ST-ZIP **752 ST. ALBANS DRIVE
BOCA RATON FL 33486**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TAYLOR, SEMMIE Z JR.**
CITY-ST-ZIP **5344 JOG LANE
DELRAY BEACH FL 33484**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, YVETTE**
CITY-ST-ZIP **110 N.E. 27TH AVENUE
BOYNTON BEACH FL 33485**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PERKINS, SHARLENE**
CITY-ST-ZIP **16316 COUNTRY LAKE CIRCLE
DELRAY BEACH FL 33484**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arissie Taylor

Arissie Taylor, SD

Date

407/278-7771

Daytime Phone #

CR2E037 (12/95)