## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N11173 1. Corporation Name

ALPHA-TIME CHILDREN CENTER OF PALM BEACH COUNTY,

Principal Place of Business
770 S.W. 12TH TERRACE
DELRAY REACH FL 33444-1367

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90107 007 \*\*\*\*70.00

INC.										
Principal Place	of Business	Mailing Address								
770 S.W. 12TH TERRACE 770 S.W. 12TH TERRACE DELRAY BEACH FL 33444-1367 DELRAY BEACH FL 33444-1367										
Principal Place of Business     2a. Mailing Address						3. Date Incorporated or Qualifed				
21		26	<b></b>			09/19/1985	·			ļ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		· · ·	olied For	Į.
22		27				59-2573564			Applicable	1
City & Stat	е	City & State				5. Certifcate of Status Desired	12/	\$8.75 Additional Fee Required		
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00 N	May Be	
24	25	29 3	0			Trust Fund Contribution		Added to	Fees	
1,	9. Name and Address of Current	t Registered Agent		Ĺ.,.		10. Name and Address of New	Registered	Agent		ł
				81	Name			,		
	SEMMIE Z			82	Street Addres	ss (P.O. Box Number is Not Accep	table)			
5344 JOG DELRAY E	i Lane Beach Fl 33484			83						
				84	City			85 Zip C	ode	1
					•		<u>FL</u>	<u> </u>		-
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	nonzed	1 DV II	named corpor he corporation	ration submits this statement for the 's board of directors. I hereby acc	e purpose of ept the appoi	changing its r ntment as reg	registered jistered	
SIGNATURE										_ ا
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		Agent s	signatura required v	when reinstating) ADDITIONS/CHANGES TO O	DATE	ID DIRECTOR	2S IN 12	ĺ
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO C	T TOLING AIT	Change	Addition	1
TITLE	PD	□ VELETE	1,1 111							
NAME	TAYLOR, SEMMIE Z		1.2 NA			. نم	Tara and T			8
STREET ADDRESS	5344 JOG LANE				ADDRESS					ដូ
CITY-ST-ZIP	DELRAY BEACH FL 33484	☐ DELETE	2.1 TI	TY-ST-	ZIP			Change	Addition	6
TITLE	TD SORIE AL		2.2 NA						_	
NAME	TAYLOR, DORIS N				LDDDCCC		•		• , •	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33484	☐ DELETE	3.1 TI	ITY-ST-	- 219			Change	Addition	1
TITLE	SD ABIODIE		3.2 NA			•			. —	
NAME	TAYLOR, ARISSIE				ADDRESS					1
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							,		
CITY-ST-ZIP	BOCA RATON FL 33486	☐ DELETE	4.1 TI	(1Y-\$T-	-ZIP			☐ Change	Addition	1
TITLE	TAVIOD CENNIE 7 ID		4.2 N							1
NAME	TAYLOR, SEMMIE Z JR.				ADDRESS I					
STREET ADDRESS	5344 JOG LANE DELRAY BEACH FL 33484			TY-ST-						
CITY-ST-ZIP	DELRAT BEACTIFE 33404	☐ DELETE	5.1 TI			2. 7	F 200	` Change	Addition	1
NAME	WILLIAMS, YVETTE	_	5.2 N							
STREET ADDRESS			5.3 ST	TREET A	ADDRESS			••		
CITY-ST-ZIP	BOYNTON BEACH FL 33485		5.4 CI	TY-ST-	ZIP	:	,			
TITLE	DOTITION BENOTITE 30403	☐ DELETE	6.1 TT	TLE				Change	Addition	
NAME			6.2 N	AME						1
STREET ADDRESS			6.3 ST	TREET	ADDRESS					}
SIRECI ADDRESS										1

14. 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 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, with all other like empowered.

SIGNATURE: