

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N11173

1. Entity Name
**ALPHA-TIME CHILDREN CENTER OF PALM BEACH
COUNTY, INC.**



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

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



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2573564

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, SEMMIE Z
4093 NW 2ND LANE
DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000271736
03/21/05-80062-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, SEMMIE Z
STREET ADDRESS	4093 N.W. 2ND LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	TD
NAME	TAYLOR, DORIS N
STREET ADDRESS	4093 N.W. 2ND LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	SD
NAME	TAYLOR, ARISSIE
STREET ADDRESS	752 ST. ALBANS DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	WILLIAMS, YVETTE
STREET ADDRESS	110 N.E. 27TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33485
TITLE	S
NAME	PERKINS, SHARLENE
STREET ADDRESS	16316 COUNTY LAKE CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Yvette Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

561 278-7771

Date

Daytime Phone #