

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 23, 2006 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



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2573564	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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

U00000395699  
01/27/06-80003-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Semie Z. Taylor, Sr.* **Semie Z. Taylor, Sr.** **01/18/2006** **561 278 7771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #