

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11173

FILED  
Jan 03, 2008  
Secretary of State

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

**Current Principal Place of Business:**

770 S.W. 12TH TERRACE  
DELRAY BEACH, FL 334441367

**New Principal Place of Business:**

**Current Mailing Address:**

770 S.W. 12TH TERRACE  
DELRAY BEACH, FL 334441367

**New Mailing Address:**

**FEI Number:** 59-2573564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TAYLOR, ARISSIE P  
752 SAINT ALBANS DRIVE  
BOCA RATON, FL 33486 US

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: ARISSIE P. TAYLOR

01/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAYLOR, SEMMIE Z  
Address: 4093 N.W. 2ND LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD ( ) Delete  
Name: TAYLOR, DORIS N  
Address: 4093 N.W. 2ND LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD ( ) Delete  
Name: TAYLOR, ARISSIE  
Address: 752 ST. ALBANS DRIVE  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: WILLIAMS, YVETTE  
Address: 110 N.E. 27TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33485

Title: S ( ) Delete  
Name: PERKINS, SHARLENE  
Address: 16316 COUNTY LAKE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARISSIE P. TAYLOR

SECR

01/03/2008

Electronic Signature of Signing Officer or Director

Date