

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 047 ****61.25

DOCUMENT # N41714

1. Entity Name
MARY ALICE FORTIN CHILD CARE FOUNDATION, INC.



Principal Place of Business
505 SOUTH FLAGLER DRIVE
SUITE 300
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DRIVE
SUITE 300
WEST PALM BEACH, FL 33401

50064704



07052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

One N. Clematis Street

3. Mailing Address

P.O. Box 4297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

4. FEI Number
65-0244281

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33402

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOPIN, L. FRANK
505 SOUTH FLAGLER DRIVE SUITE 300
WEST PALM BEACH, FL 33401

Name

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

One N. Clematis Street

Suite 100

City

FL

Zip Code
33401

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
SD
CHOPIN, L. FRANK
STREET ADDRESS
505 SOUTH FLAGLER DRIVE SUITE 300
CITY-ST-ZIP
WEST PALM BEACH, FL 33401 ☐ Delete

TITLE
NAME
SA
Chopin, L. Frank
STREET ADDRESS
One N. Clematis Street, Suite 100
CITY-ST-ZIP
West Palm Beach, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
PD
SMITH, LESLY S
STREET ADDRESS
300 CHAPEL HILL ROAD
CITY-ST-ZIP
PALM BEACH, FL ☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
VP
SCHREINER, VERNON M
STREET ADDRESS
109 ROYAL PALM WAY
CITY-ST-ZIP
PALM BEACH, FL ☒ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
TD
CURRY, BERNARD F
STREET ADDRESS
109 ROYAL PALM WAY
CITY-ST-ZIP
PALM BEACH, FL ☐ Delete

TITLE
NAME
VP
Curry, Bernard
STREET ADDRESS

CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
VP D
David Robb
STREET ADDRESS
109 Royal Palm Way
CITY-ST-ZIP
Palm Beach, FL 33480 ☒ Delete ☒ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
T D
John F Curry
STREET ADDRESS
109 Royal Palm Way
CITY-ST-ZIP
Palm Beach, FL 33480 ☒ Delete ☒ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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 executor 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-655-9500