

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90146 011 \*\*\*\*61.25

**DOCUMENT # N41714**

1. Entity Name

MARY ALICE FORTIN CHILD CARE FOUNDATION, INC.



Principal Place of Business

ONE N CLEMATIS ST  
SUITE 100  
WEST PALM BEACH FL 33401

Mailing Address

P O BOX 4297  
WEST PALM BEACH FL 33402



2. Principal Place of Business

515 N. Flagler Drive  
Suite, Apt. #, etc.  
Suite 300P  
City & State  
West Palm Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
33401

Country  
US

Zip

Country

4. FEI Number

65-0244281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK  
ONE N CLEMATIS ST  
STE 100  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

515 N. Flagler Drive

Suite 300P

City

West Palm Beach

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE SD ☐ Delete  
NAME CHOPIN, L. FRANK  
STREET ADDRESS ONE N CLEMATIS ST STE 100  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

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

TITLE VPD ☐ Delete  
NAME ROBB, DAVID  
STREET ADDRESS 109 ROYAL PALM WAY  
CITY-ST-ZIP PINELLAS PARK FL 33780

TITLE TD ☐ Delete  
NAME CURRY, JOHN F  
STREET ADDRESS 109 ROYAL PALM WAY  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 515 N. Flagler Drive, Suite 300P  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

561-655-9500

Date

Daytime Phone #