

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90009 044 \*\*\*\*61.25

**DOCUMENT # N41714**

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



Principal Place of Business  
**375 N. FLAGLER DRIVE  
SUITE 300P  
WEST PALM BEACH, FL 33401**

Mailing Address  
**P O BOX 4297  
WEST PALM BEACH, FL 33402**

**40031743**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0244281**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
515 N. FLAGLER DRIVE  
STE 300P  
WEST PALM BEACH, FL 33401**

Name

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

**223 Sunset Avenue**

**Suite 230**

City

**Palm Beach**

FL

Zip Code

**33480**

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, 2007**

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 **SD** ☐ Delete  
NAME **CHOPIN, L. FRANK**  
STREET ADDRESS **515 N. FLAGLER DRIVE, SUITE 300P**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☒ Change ☐ Addition  
NAME **223 Sunset Avenue, Suite 230**  
STREET ADDRESS **Palm Beach, FL 33480**  
CITY-ST-ZIP **Palm Beach, FL 33480**

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
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 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:**

*L Frank Chopin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/6/07 561-655-9500**