FILE NOW: FILING FEE IS \$61.25

9. Name and Address of Current Registered Agent

NONPROFIT CORPORATION ANNUAL REPORT

24

ROYÁL, CARLOTTA

17445 HOMESTEAD AVENUE

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998	DIVISION OF	CORPORATIONS	Secretary of	State
DOCUMENT # 1. Corporation Name	N93000000324 (4	•)	7	
WEST PERRINE CHILD DEVELOPMENT CENTER, INC.				
Principal Place of Business	Mailing Address		(BB21084 B)@ 14185 2261	
17445 HOMESTEAD AVENUE 17445 HOMESTEAD AVENUE MIAMI FL 33157 MIAMI FL 33157		NUE	3. Date Incorporated or Qualified 01/25/1993	
			4. FEI Number 65-0385308	Applied For Not Applicable
Principal Place of Business 21	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowners a	
Zip Coun 24 25	try Zip	Country 30	This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes No

83 MIAMI FL 33157 Zip Code City

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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CEOD DELETE 1.1 TITLE ☐ Change ☐ Addition ROYAL, CARLOTTA NAME 1.2 NAME 15213 SW 107 COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE QUINTYN, AGGREY 2.2 NAME NAME STREET ADDRESS 679 SW 153 STREET 2.3 STREET ADDRESS FLORIDA CITY FL 33030 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE JACKSON, MARVIN 3.2 NAME NAME 26175 SW 128 COURT 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33189 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TSD TITLE 4.1 TITLE REAMS, DAMARIS 4. 2 NAME NAME 14728 153 COURT STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33157 4.4 CITY-ST-ZIP CITY-ST-ZIP SOAD DELETE _ Change Addition TITLE 5.1 TITLE HOSKIN, PATRICIA NAME 5.2 NAME 7621 SW 175TH ST. STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE JOHNSON, ETHEL NAME 11503 SW 216 ST. 6.3 STREET ADDRESS STREET ADDRESS **GOULDS FL 33189** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this refort as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 16 1998 8:00am

10. Name and Address of New Registered Agent

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