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Jan 30, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000324

1. Corporation Name

WEST PERRINE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

17445 HOMESTEAD AVENUE
MIAMI FL 33157

Mailing Address

17445 HOMESTEAD AVENUE
MIAMI FL 33157



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0385308

Applied For

Not Applicable

5. Certificate of Status Desired

☒ x2

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROYAL, CARLOTTA
17445 HOMESTEAD AVENUE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85.

Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
ROYAL, CARLOTTA
15213 SW 107 COURT
MIAMI FL 33157

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
QUINTYN, AGGREY
679 SW 153 STREET
FLORIDA CITY FL 33030

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JACKSON, MARVIN
26175 SW 128 COURT
MIAMI FL 33189

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
REAMS, DAMARIS
14728 153 COURT
MIAMI FL 33157

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SOAD
HOSKIN, PATRICIA
7621 SW 175TH ST.
MIAMI FL 33176

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, ETHEL
11503 SW 216 ST.
GOULDS FL 33189

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)