


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000324	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0385308	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYAL, CARLOTTA 17445 HOMESTEAD AVENUE MIAMI, FL 33157

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOAD THOMPSON, ERNESTINE 10860 SW 167TH ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP QUINTYN, AGGREY 679 SW 153 STREET FLORIDA CITY, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JACKSON, MARVIN 26175 SW 128 COURT MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD HOSKIN, PATRICIA 750 NE 64TH ST APT. BPH MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, ETHEL 11503 SW 216 ST. GOULDS, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROYAL, CARLOTTA 17445 HOMESTEAD AVE MIAMI, FL 33157

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04/29/05-80129-009 70.00

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 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

April 27, 2005
Date Daytime Phone #