2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000324

1. *Entity Name*
WEST PERRINE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
17445 HOMESTEAD AVENUE *MIAMI, FL 33157*	17445 HOMESTEAD AVENUE *MIAMI, FL 33157*

01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0385308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

100000384505
01/17/06-80015-009 70.00

10. *OFFICERS AND DIRECTORS*

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

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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: Carlotta K Royal January 10 2006 305-153-3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #