

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000324

FILED
Apr 02, 2008
Secretary of State

Entity Name: WEST PERRINE CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

17445 HOMESTEAD AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17445 HOMESTEAD AVENUE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0385308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROYAL, CARLOTTA
17445 HOMESTEAD AVENUE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SOAD () Delete
Name: THOMPSON, ERNESTINE
Address: 10860 SW 167TH ST
City-St-Zip: MIAMI, FL 33157

Title: DP () Delete
Name: QUINTYN, AGGREY
Address: 679 SW 153 STREET
City-St-Zip: FLORIDA CITY, FL 33030

Title: DP () Delete
Name: JACKSON, MARVIN
Address: 26175 SW 128 COURT
City-St-Zip: MIAMI, FL 33189

Title: TSD () Delete
Name: HOSKIN, PATRICIA
Address: 750 NE 64TH ST APT. BPH
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: JOHNSON, ETHEL
Address: 11503 SW 216 ST.
City-St-Zip: GOULDS, FL 33189

Title: CEO () Delete
Name: ROYAL, CARLOTTA
Address: 17445 HOMESTEAD AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: HOSKIN, PATRICIA
Address: 888 NE 81 STREET
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOTTA R. ROYAL

MRS.

04/02/2008

Electronic Signature of Signing Officer or Director

Date