

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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55 MAY -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortman  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000001405 (0)**  
 1. Corporation Name  
**FULFORD CHRISTIAN DAY CARE, INC.**

Principal Place of Business Mailing Address  
**1900 NE 164TH ST. MIAMI FL 33162**      **1900 NE 164TH ST MIAMI FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1993**      3a. Date of Last Report **04/27/1994**

4. FEI Number **65-0387053**      Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2b. Mailing Address

21. State, Apt. #, etc.      26. State, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**PALMATIET, LOUISE N  
 1900 NE 164TH ST.  
 MIAMI FL 33162**

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 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE: *Louise N. Palmatiet*      Director      4/27/95

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BURDELSKY, BRIDGETT</b>
STREET ADDRESS	<b>1900 N.E. 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>GAGE, GRACE</b>
STREET ADDRESS	<b>1900 N.E. 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>MCGIVERN, SYLVIA</b>
STREET ADDRESS	<b>1900 N.E. 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>GAGE, CHANDLER</b>
STREET ADDRESS	<b>1900 N.E. 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>MOSTEIRO, LORRAINE</b>
STREET ADDRESS	<b>1900 NE 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>ARNOLD, JOYCE</b>
STREET ADDRESS	<b>1900 NE 164 STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>T</b>
43 STREET ADDRESS	<b>Mostiero, Lorraine</b>
44 CITY, ST, ZIP	<b>1900 N.E. 164 Street</b>
45 CITY, ST, ZIP	<b>Miami, FL 33162</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>D</b>
53 STREET ADDRESS	<b>Clark, Wayne</b>
54 CITY, ST, ZIP	<b>1900 N.E. 164 Street</b>
55 CITY, ST, ZIP	<b>Miami, FL 33162</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Bridgett Burdelsky*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR