

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001405**
1. Corporation Name

Fulford Christian Day Care, Inc
Principal Place of Business Mailing Address

FULFORD CHRISTIAN DAY CARE, INC.
1900 N.E. 164 STREET
NORTH MIAMI BEACH, FL 33162

3. Date Incorporated or Qualified **03/26/93** 3a. Date of Last Report **04/27/95**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0387053		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

PALMATIER, LOUISE N.
1900 N.E. 164 STREET
NORTH MIAMI BEACH, 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 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: *Sylvia McGivern* **DIRECTOR** **04/29/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	BURDELSKY, BRIDGET <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	12 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE VP	GAGE, GRACE <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	22 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE S	McGIVERN, SYLVIA <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	32 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE T/T	MOSTEIRO, LORRAINE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	42 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE T	CLARK, WAYNE <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	52 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE T	JOYCE, ARNOLD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 N.E. 164 STREET	62 NAME	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	63 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *Sylvia McGivern* **SYLVIA MCGIVERN** **04/29/96** **(305) 947-9266**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)