

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001405 (0)**

1. Corporation Name

FULFORD CHRISTIAN DAY CARE, INC.



Principal Place of Business 1900 NE 164TH ST. MIAMI FL 33162	Mailing Address 1900 NE 164TH ST. MIAMI FL 33162-4119
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 07/18/1996
4. FEI Number 65-0387053		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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	
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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 *LOUISE PALMATIER* **LOUISE PALMATIER** **04/02/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME BURDELSKY, BRIDGETT	1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GAGE, GRACE
STREET ADDRESS 1900 N.E. 164 STREET	CITY-ST-ZIP MIAMI FL 33162	1.2 NAME	STREET ADDRESS 1900 N.E. 164 STREET
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME GAGE, GRACE	1.3 STREET ADDRESS	CITY-ST-ZIP MIAMI, FL 33162
STREET ADDRESS 1900 N.E. 164 STREET	CITY-ST-ZIP MIAMI FL 33162	1.4 CITY-ST-ZIP	2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S <input type="checkbox"/> DELETE	NAME MCGIVERN, SYLVIA	2.2 NAME	STREET ADDRESS 1900 N.E. 164 STREET
STREET ADDRESS 1900 N.E. 164 STREET	CITY-ST-ZIP MIAMI FL 33162	2.3 STREET ADDRESS	CITY-ST-ZIP MIAMI, FL 33162
TITLE T <input type="checkbox"/> DELETE	NAME MOSTIERO, LORRAINE	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 NE 164 STREET	CITY-ST-ZIP MIAMI FL 33162	3.2 NAME	3.3 STREET ADDRESS
TITLE T <input checked="" type="checkbox"/> DELETE	NAME CLARK, WAYNE	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 NE 164 STREET	CITY-ST-ZIP MIAMI FL 33162	4.2 NAME	4.3 STREET ADDRESS
TITLE T <input type="checkbox"/> DELETE	NAME ARNOLD, JOYCE	4.4 CITY-ST-ZIP	5.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 NE 164 STREET	CITY-ST-ZIP MIAMI FL 33162	5.2 NAME	STREET ADDRESS 1900 N.E. 164 STREET
		5.3 STREET ADDRESS	CITY-ST-ZIP MIAMI, FL 33162
		5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. I do 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 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**

CR2E037 (9/96)