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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				· -	Secretary of State	
FULFO	RD CHRISTIAN DAY CARE, I	0001405 (C))			
Principal Plac 1900 NE 164TH MIAMI FL 3316	I ST.	Mailing Address 1900 NE 164TH ST. MIAMI FL 33162-4119		F 140F5401 414 (8148 11111	90111 00144 40141 80741 00104 11411 01041 00101 0114 10	
				3. Date incorporated or C 03/26/1993	07/18/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0387053	Applied Fo	
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		Certificate of Status De	SR 75 Additions	
City & State	θ	City & State		6. Election Campaign Fin		
Zip	Country	Zip	Country	Trust Fund Contribution B. This corporation has tis	n Added to Fees ability for intangible tax under s. 199.032	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of	f New Registered Agent	
PALMATIET, LOUISE N 1900 NE 164TH ST.						
MIAM! FI	L 33162		83			
ande deat.						
	to the provisions of Sections 617,0502 a egistered agent, or both, in the State of	and 617.1508, Florida Stat Florida, Such change wa	84 City utes, the above-named of authorized by the corpo	corporation submits this statemen oration's board of directors. I here	FL 85 Zip Code of for the purpose of changing its register beby accept the appointment as registers	
11. Pursuant office or ragent. 1 a	Signature, typed or printed name of registered agent a	and title if applicable. (N	utes, the above-named of sauthorized by the corporation of the corpora	PALMATIER equired when rainstating)	of the purpose of changing its register seby accept the appointment as registers	
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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.

FILED

Apr 10 1997 8:00am