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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001405

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/26/1993

4. FEI Number

65-0387053

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

24 25

28 Zip Country

29 30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 N. Palmatiet

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURDELSKY, BRIDGETT	
STREET ADDRESS	1900 N.E. 164 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GAGE, GRACE	
STREET ADDRESS	1900 N.E. 164 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGIVERN, SYLVIA	
STREET ADDRESS	1900 N.E. 164 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DALEY, OWEN	
STREET ADDRESS	1900 N.W. 164 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DALE	
STREET ADDRESS	1900 NE 164 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARNOLD, JOYCE	
STREET ADDRESS	1900 NE 164 STREET	
CITY-ST-ZIP	MIAMI FL 33162	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gage, Grace	
1.3 STREET ADDRESS	1900 N.E. 164 STREET	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEBELLIS, MARION	
2.3 STREET ADDRESS	1900 N.E. 164 STREET	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGIVERN, SYLVIA	
3.3 STREET ADDRESS	1900 N.E. 164 STREET	
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOYCE, ARNOLD	
4.3 STREET ADDRESS	1900 N.E. 164 STREET	
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TATUM, CHARLES	
5.3 STREET ADDRESS	1900 N.E. 164 STREET	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WHILBY, GLORIA	
6.3 STREET ADDRESS	1900 N.E. 164 STREET	
6.4 CITY-ST-ZIP	MIAMI FL 33162	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statutes, and 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, with all other like empowered.

SIGNATURE:

SUSAN P. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (305) 947-9266

CR2E037 (11/98)