

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001405

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0387053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMATIET, LOUISE N
1900 NE 164TH ST.
MIAMI FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Louise N. Palmatier

2/19/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME DEBELLIS, MARION
STREET ADDRESS 1900 N.E. 164 STREET
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE P ☐ Delete
NAME GAGE, GRACE
STREET ADDRESS 1900 N.E. 164 STREET
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME MCGIVERN, SYLVIA
STREET ADDRESS 1900 N.E. 164 STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE T ☐ Delete
NAME MYERS, TERESA
STREET ADDRESS 1900 N.W. 164 STREET
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE T ☐ Delete
NAME TATUM, CHARLES
STREET ADDRESS 1900 NE 164 STREET
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE T ☐ Delete
NAME WHILBY, GLORIA
STREET ADDRESS 1900 NE 164 STREET
CITY-ST-ZIP MIAMI FL 33162

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000063574
CITY-ST-ZIP 02/23/04-80167-006 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sylvia McGivern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

305-947-9266

Date

Daytime Phone #