

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 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



04182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

LOUISE N. PALMATIER, DIRECTOR 4/18/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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04/21/05-80038-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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

4/18/05 305-947-9266

Date

Daytime Phone #