


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001405</b> 1. Entity Name FULFORD CHRISTIAN DAY CARE, INC.	
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Principal Place of Business 1900 NE 164TH ST. MIAMI, FL 33162	Mailing Address 1900 NE 164TH ST. MIAMI, FL 33162
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0387053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMATIET, 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 Palmatier DATE 4/17/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000725853 05/03/07-80039-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEBELLIS, MARION 1900 N.E. 164 STREET N MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGE, GRACE 1900 N.E. 164 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGIVERN, SYLVIA 1900 N.E. 164 STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSWALD, SANDS 1900 N.W. 164 STREET N MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXIE, BERGLUND 1900 NE 164 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMILEY, DOROTHY 1900 NE 164 ST MIAMI, FL 33162

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/17/07 305-947-9266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #