

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001405

FILED
Mar 03, 2009
Secretary of State

Entity Name: FULFORD CHRISTIAN DAY CARE, INC.

Current Principal Place of Business:

1900 NE 164TH ST.
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

1900 NE 164TH ST.
MIAMI, FL 33162

New Mailing Address:

FEI Number: 65-0387053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: LOUISE N. PALMATIER

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DEBELLIS, MARION
Address: 1900 N.E. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: P () Delete
Name: GAGE, GRACE
Address: 1900 N.E. 164 STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: MCGIVERN, SYLVIA
Address: 1900 N.E. 164 STREET
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: OSWALD, SANDS
Address: 1900 N.W. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: T () Delete
Name: DIXIE, BERGLUND
Address: 1900 NE 164 ST
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: SMILEY, DOROTHY
Address: 1900 NE 164 ST
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEBELLIS, MARION
Address: 1900 N.E. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: V (X) Change () Addition
Name: BERGLUND, DIXIE
Address: 1900 N.E. 164 STREET
City-St-Zip: MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BURKE, MARTA
Address: 1900 N.W. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: T (X) Change () Addition
Name: GUSTAVISON, ANGEL
Address: 1900 NE 164 ST
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA MCGIVERN

S

03/03/2009

Electronic Signature of Signing Officer or Director

Date