

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001405

FILED
Feb 25, 2011
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:

BURKE, MARTA J
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: MARTA J BURKE

02/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMILEY, DOROTHY
Address: 1900 N.E. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

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

Title: S
Name: LINDE, MIKE
Address: 1900 N.E. 164 STREET
City-St-Zip: MIAMI, FL 33162

Title: T
Name: PERTUZ, JOSIE
Address: 1900 N.W. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: T
Name: LAING, LORI
Address: 1900 NE 164 ST
City-St-Zip: MIAMI, FL 33162

Title: T
Name: WHITLOCK, PENELOPE
Address: 1900 NE 164 ST
City-St-Zip: MIAMI, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: MARTA J BURKE

AGEN

02/25/2011

Electronic Signature of Signing Officer or Director

Date