

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2012
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:

1900 NE 164TH ST.
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1900 NE 164TH ST.
MIAMI, FL 33162

New Mailing Address:

1900 NE 164TH ST.
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0387053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, MARTA J
1900 NE 164TH ST.
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: S
Name: WHITLOCK, PENELOPE
Address: 1900 N.E. 164 STREET
City-St-Zip: N. MIAMI BEACH, FL

Title: T
Name: KING, JAMES
Address: 1900 N.E. 164 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

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

Title: T
Name: SBRISSA, SHARON
Address: 1900 NE 164 ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: T
Name: MORGAN, SHIRLEY
Address: 1900 NE 164 ST
City-St-Zip: N MIAMI BEACH, 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: MARVA MCCLEAN

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date