

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91215 009 ****61.25

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**

11005332



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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** **04/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04/17/03

305-947-9266

CR2E037 (10/02)