FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:00

DOCUMENT # N94000003474 (3)

Corporation Name

LA FAMILLE DEVELOPMENT CENTERS, INC.

Principal Place of Business	Mailing Address
6501 N MIAMI AVE MIAMI FL 33150	6501 N MIAMI AVE MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:
4. FEI Number: 592257544 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HENDRIX, NORA H
3898 NW 1 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENDRIX, NORA H
STREET ADDRESS	3898 NW 1 ST
CITY ST ZIP	MIAMI FL 33126
TITLE	VD
NAME	BREEDLOVE, AREANNE
STREET ADDRESS	4800 PINETREE DR #105
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	SD
NAME	VIGIL, LINDA
STREET ADDRESS	10711 SW 216 ST #A120
CITY ST ZIP	MIAMI FL 33170
TITLE	TD
NAME	PICKARD, MARTY
STREET ADDRESS	1836 SW 15 ST
CITY ST ZIP	MIAMI FL 33145

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	CAMPBELL-EVANS, CLARKE	
3.3 STREET ADDRESS	14605 NE 3rd CT	
3.4 CITY ST ZIP	Miami, FL 33161	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nora H. Hendrix — 4/26/95 — (305) 237-3265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #