

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002857 (9)

1. Corporation Name
O'SAY CHILD DEVELOPMENT ENRICHMENT CENTER, INC.



Principal Place of Business: 255 S. LAKE AVE. PAHOKEE FL 33476
Mailing Address: 255 S. LAKE AVE. PAHOKEE FL 33476

3. Date Incorporated or Qualified: 06/16/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 Pahoee, FL
24 Zip: 25 33476
2a. Mailing Address: 26 P.O. Box 574
27 Suite, Apt. #, etc.
28 City & State: Pahoee, FL
29 Zip: 30 33476

4. FEI Number: 605-0594474
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, PATRICIA
255 S. LAKE AVE.
PAHOKEE FL 33476**

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: Patricia Ann Williams
DATE: 4-25-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREGORY, MAJORIE	
STREET ADDRESS	130 QUEENS LN	
CITY-ST-ZIP	ROYAL P.B. FL 33411	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILSON, STEVE	
STREET ADDRESS	524 SW ST.	
CITY-ST-ZIP	BELLEGLADE FL 33430	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BROWN, ALBERT	
STREET ADDRESS	305 SEVILLE ST	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, YVONNE	
STREET ADDRESS	P.O. BOX 471036 (NP)	
CITY-ST-ZIP	LAKE MONROE FL 32747	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia Williams	
1.3 STREET ADDRESS	12178 Sunset Blvd.	
1.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411	
2.1 TITLE	DYP - Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Chisholm	
2.3 STREET ADDRESS	5140 Palm Hill Dr. # N248	
2.4 CITY-ST-ZIP	West Palm Bch, FL 33415	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Patricia Ann Williams
DATE: 4-25-96
DAYTIME PHONE #: 407-924-2620

CR2E037 (12/95)