


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N95000002857**  
1. Corporation Name  
**O'Say Child Development Enrichment Center, Inc.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified <b>6-15-95 / 4-1-98</b>
4. FEI Number <b>65-0594474</b>
Applied For Not Applicable

2. Principal Place of Business 21 <b>255 S. LAKE Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 574</b> Suite, Apt. #, etc.
22 City & State 23 <b>Pahokee, Florida</b>	27 City & State 28 <b>Pahokee, Florida</b>
24 Zip <b>33476</b>	25 Country <b>U.S.A</b>
29 Zip <b>33476</b>	30 Country <b>U.S.A</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Patricia A. Williams**  
**12178 Sunset Blvd.**  
**Royal Palm Bch, FL. 33411**

10. Name and Address of New Registered Agent

81 Name <b>Cornesha Dukes-Chisholm</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5570 Rambler Rose Way</b>
83
84 City <b>West Palm Bch</b>
85 Zip Code <b>FL 33415</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Cornesha Dukes-Chisholm** *Cornesha Dukes-Chisholm* **4-28-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>President Patricia Williams</b>
STREET ADDRESS	<b>12178 Sunset Blvd.</b>
CITY-ST-ZIP	<b>Royal Palm Bch., Florida 33476</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Vice President Richard Chisholm</b>
STREET ADDRESS	<b>5570 Rambler Rose Way</b>
CITY-ST-ZIP	<b>West Palm Bch, Florida 33415</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Treasurer Alberta Brown</b>
STREET ADDRESS	<b>2536 S.W. 14th street</b>
CITY-ST-ZIP	<b>Pahokee, FL. 33476</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Director Cornesha Dukes-Chisholm</b>
STREET ADDRESS	<b>5570 Rambler Rose Way</b>
CITY-ST-ZIP	<b>West Palm Bch, FL. 33415</b>
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	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 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: **Cornesha Dukes-Chisholm** *Cornesha Dukes-Chisholm* **4-28-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)