FILED
Aug 09, 2001 8:00 am
Secretary of State
05-22-2001 90011 019 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002857

1. Entity Name

O'SAY CHILD DEVELOPMENT ENRICHMENT CENTER, INC.

Principal Place of Business	Mailing Address
255 S. LAKE AVE. PAHOKEE FL 33476	P.O. BOX 574 PAHOKEE FL 33476 US

11070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0594474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKES-CHISHOLM, CORNESHA
5570 RAMBLER ROSE WAY
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name: Cornesha Dukes-Chisholm
Street Address (P.O. Box Number is Not Acceptable): 8945 Okeechobee BWd. #107
City: West Palm Beach FL Zip Code: 33411

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.

SIGNATURE: Cornesha Dukes-Chisholm Cornesha Dukes-Chisholm 4-19-01
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILLIAMS, PATRICIA 12178 SUNSET BLVD. ROYAL P.B. FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman – C – D Steve Wilson 524 S.W. 4th Street Belle Glade, Florida 33430	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CHISHOLM, RICHARD 5140 PALM HILL DR., #N248 W. PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President – V – D Ola Starling 4839 Pine Aire Lane West Palm Bch, FL. 33417	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, ALBERT 305 SEVILLE ST PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President – P – D Alberta Brown 305 Seville Street Pahokee, Florida 33476	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKES-CHISHOLM, CORNESHA 5140 PALM HILL DR., N245 WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary – S – D Tiffany Crawford 8833 El dorado Drive Pahokee, Florida 33476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer – T – D Wanda Williams 1604 Shaker Circle Wellington, Florida 33414	☐ Change ☒ Addition

CR2E037 (10/00)

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: Cornesha Dukes-Chisholm Cornesha Dukes-Chisholm 4-19-01 (561) 924-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #