

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002857

FILED
Apr 30, 2004
Secretary of State**Entity Name:** O'SAY CHILD DEVELOPMENT ENRICHMENT CENTER, INC.**Current Principal Place of Business:**255 S. LAKE AVE.
PAHOKEE, FL 33476**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 574
PAHOKEE, FL 33476 US**New Mailing Address:****FEI Number:** 65-0594474**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DUKES-CHISHOLM, CORNESA
P.O. BOX 503
PAHOKEE, FL 33476 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CHCD () Delete
Name: WILSON, STEVE
Address: 524 SW 4TH STREET
City-St-Zip: BELLE GLADE, FL 33430**Title:** VPD () Delete
Name: STARLING, OLA
Address: 4839 PINE AIRE LANE
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** PD () Delete
Name: BROWN, ALBERT
Address: 305 SEVILLE STREET
City-St-Zip: PAHOKEE, FL 33476**Title:** D () Delete
Name: DUKES-CHISHOLM, CORNESA
Address: 17243 40TH RUN NORTH
City-St-Zip: LOXAHATCHEE, FL 33470**Title:** SD () Delete
Name: CRAWFORD, TIFFANY
Address: 8833 EL DORADO DRIVE
City-St-Zip: PAHOKEE, FL 33476**Title:** TD () Delete
Name: WILLIAMS, WANDA
Address: 1604 SHAKER CIRCLE
City-St-Zip: WELLINGTON, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNESA DUKES-CHISHOLM

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date