

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002857

FILED
May 20, 2006
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)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUKES-CHISHOLM, CORNESA
Address: P.O. BOX 503
City-St-Zip: PAHOKEE, FL 33476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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 Chapter 119, 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

05/20/2006

Electronic Signature of Signing Officer or Director

Date