


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90120 012 ****61.25

DOCUMENT # N95000005803 1. Entity Name POMPAÑO BEACH PRESCHOOL PTC INC.					
Principal Place of Business 1801 N.E. 6TH STREET POMPAÑO BEACH, FL 33060			Mailing Address 1801 N.E. 6TH STREET POMPAÑO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCIACCHITANO, LISA 4438 NW 20TH AVENUE OAKLAND PARK, FL 33309				Name Hamby, Cena Street Address (P.O. Box Number is Not Acceptable) 360 SE 8th CT. City Pompano Beach FL Zip Code 33060	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Cena C. Hamby 4/26/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete SCIACCHITANO, LISA 4438 NW 20TH AVENUE OAKLAND PARK, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete HAMBY, CENA 360 SE 8TH CT POMPAÑO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete LEMAN, SHARON A 1601 N.E. 2 ST. POMPAÑO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HADEN, KAREY 601 NE 19 AVE DEERFIELD BEACH, FL 33441				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hamby, Cena 360 SE 8th CT. POMPAÑO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
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: CENA C. HAMBY 4/26/05 954-786-4180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					