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Mar 12 1998 8:00am
Secretary of State

MONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003237 (2)**

1. Corporation Name

NEW-LIFE CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business 1536 44TH STREET WEST PALM BEACH FL 33407	Mailing Address 1536 44TH STREET WEST PALM BEACH FL 33407
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3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

65-0750500
APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, JOHN
1536 44TH STREET
WEST PALM BEACH FL 33407**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, JOHN	
STREET ADDRESS	1536 44TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, VERONICA	
STREET ADDRESS	1536 44TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ISLES, PATRICK	
STREET ADDRESS	1536 44TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ILES, PATRICK
3.3 STREET ADDRESS	5423 MENDOZA STREET
3.4 CITY-ST-ZIP	WEST PALM BEACH FLORIDA 33415

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BOBBY	
STREET ADDRESS	1536 44TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D WILLIAMS, BOBBY
4.3 STREET ADDRESS	616 8TH STREET, APT #7
4.4 CITY-ST-ZIP	WEST PALM BEACH FLORIDA 33401

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHNNIE	
STREET ADDRESS	1536 44TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D WILLIAMS, JOHNNY
5.3 STREET ADDRESS	617 WEST 1ST STREET
5.4 CITY-ST-ZIP	RIVIERA BEACH FLORIDA 33404

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 its 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, or in attachment with an address.

SIGNATURE:

FEBRUARY 2, 1998 (561) 996-2300

CR2E037 (10/97)