

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90019 038 \*\*\*\*61.25

**DOCUMENT # N96000003237**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

65-0750500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **BROWN, JOHN**  
STREET ADDRESS **1536 44TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE D ☐ DELETE

NAME **BROWN, VERONICA**  
STREET ADDRESS **1536 44TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE D ☐ DELETE

NAME **ISLES, PATRICK**  
STREET ADDRESS **5423 MENDOZA STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE D ☐ DELETE

NAME **WILLIAMS, BOBBY**  
STREET ADDRESS **616 8TH STREET, APT #7**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE D ☐ DELETE

NAME **WILLIAMS, JOHNNY**  
STREET ADDRESS **617 WEST 1ST STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 the 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Veronica Brown* SIGNATURE REQUIRED *VERONICA* 4-7-99 561-833-8523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)