

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 028 ****70.00

DOCUMENT # N96000003237

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0750500

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BOYKENS, JANE**
STREET ADDRESS **800 44TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

☒ Change ☐ Addition
TITLE **BOYKENS, JANE**
NAME **BOYKENS, JANE**
STREET ADDRESS **5695 Deberry Way**
CITY-ST-ZIP **West Palm Beach, FL 33415**

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BOYKINS, JERRY**
STREET ADDRESS **800 44TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

☒ Change ☐ Addition
TITLE **BOYKINS, JERRY**
NAME **BOYKINS, JERRY**
STREET ADDRESS **5695 Deberry Way**
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Veronica Brown VERONICA BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-842-9291