

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**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

1st MOORE

CR2E037 (10/05)

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME BOYKINS, JANE  
STREET ADDRESS 5695 DEBERRY WAY  
CITY-STATE-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME BOYKINS, JERRY  
STREET ADDRESS 5695 DEBERRY WAY  
CITY-STATE-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
000000475751  
04/05/06-80028-007 70.00

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CONFIDENTIAL - Not for Distribution - 7/10/06 - AR - (S) 211 02 5/1/06 9301