

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002709

FILED
Feb 28, 2005
Secretary of State

Entity Name: PETER PAN CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

410 NW 14TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

410 NW 14TH STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0759016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LITTLE, CYNTHIA
1060 NW 6TH AVE
POMPANO, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRICE, ERNESTINE
Address: 410 NW 14TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MILLSAPS, AUDREY
Address: 410 NW 14TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MCCREARY, NAOMI
Address: 410 NW 14TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: SMITH, VALERIE
Address: 410 NW 14TH ST
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNHTIA LITTLE

RA

02/28/2005

Electronic Signature of Signing Officer or Director

Date