

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003659

FILED
Jan 21, 2008
Secretary of State

Entity Name: WASHINGTON PARK CHILD CARE CENTER, INC.

Current Principal Place of Business:

5731 PEMBROKE RD
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

5731 PEMBROKE RD
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0767614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZELKO, ROBERT
2699 STIRLING RD STE B205
HOLLYWOOD, FL 33312 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: MIKO, STEPHEN R
Address: 81 BLAZER PLACE
City-St-Zip: MONTERREY, TN 35874

Title: D () Delete
Name: MARKOWITZ, STEPHEN
Address: 3814 BIMINI AVENUE
City-St-Zip: COOPER CITY, FL 33026

Title: P () Delete
Name: MIKO, SEANN
Address: 1429 SW 119 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: LEONE, LUCY
Address: 3795 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TAIE-TEHRANI, SAIED
Address: 541 N ST RD 7
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: GLANSBERG, BERYL
Address: 4421 N 41 CT
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MIKO, STEPHEN R
Address: 81 BLAZER PLACE
City-St-Zip: MONTEREY, TN 38574

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

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

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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 exemption stated in Chapter 119, 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: SEANN MIKO

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date