2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000006624

Entity Name: EMMANUEL CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1309 GEORGIA AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1309 GEORGIA AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0794065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARCELLE, B L
3700 N. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407 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: PD ( ) Delete
Name: BOWERS, RENEE
Address: 5183 PAT PLACE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete
Name: HALES, ANN
Address: 500 ERIE PALCE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD ( ) Delete
Name: LEWIS, DIANE
Address: 450 W 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33404

Title: PD ( ) Delete
Name: YOUNG, ISAAC
Address: 101 N CHILLINGSWORTH
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DO ( ) Delete
Name: MARCELLE, N S JR
Address: 3700 N. AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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: NS MARCELLE JR. DO 03/20/2009

Electronic Signature of Signing Officer or Director — Date