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04-19-1999 90002 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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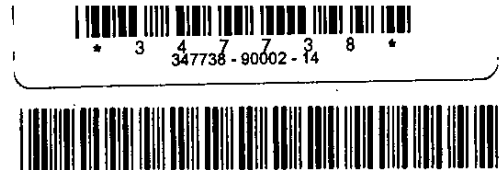
DOCUMENT # N98000001622

1. Corporation Name

GOLDEN ACRES CHILD CARE CENTER, INC.

Principal Place of Business
 321 W. ATLANTIC BLVD.
 POMPANO BCH FL 33061-2006

Mailing Address
 321 W. ATLANTIC BLVD.
 POMPANO BCH FL 33061-2006



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/16/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	522103708
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
Country	Country	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADDERLY, RALPH W 321 W. ATLANTIC BLVD. POMPANO BCH FL 33061-2006	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Ralph W. Adderly RALPH W. ADDERLY 4-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, JIMMIE	1.2 NAME	
STREET ADDRESS	416 NW 9TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH	2.2 NAME	
STREET ADDRESS	1501 NW 3RD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDERLY, RALPH W	3.2 NAME	
STREET ADDRESS	P. O. BOX 2006	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33061	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, A.L.	4.2 NAME	WOODROW POITIER
STREET ADDRESS	2202 CYPRESS BEND DR., #607	4.3 STREET ADDRESS	901 NW 4 AVE.
CITY-ST-ZIP	POMPANO BCH FL 33069	4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 330
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, GLADYS	5.2 NAME	
STREET ADDRESS	217 NW 9TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph W. Adderly RALPH W. ADDERLY 4-9-99 954-785-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (11/98)