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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003991

1. Corporation Name

T.L.G. CREATION PRESCHOOL, INC.

Principal Place of Business

1519 NW 15 AVE
FT LAUDERDALE FL 33311

Mailing Address

1519 NW 15 AVE
FT LAUDERDALE FL 33311



2. Principal Place of Business

21 1519 NW 15 AVENUE

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FLORIDA

Zip

24 33311

Country

25 Broward

2a. Mailing Address

26 P.O. Box 101143

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FLORIDA

Zip

29 33310

Country

30 Broward

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

65-0849935

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREENE, LATRICE

1519 NW 15 AVE

FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GREENE, LATRICE

STREET ADDRESS 1519 NW 15 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D ☐ DELETE

NAME WALLACE, STEPHANIE

STREET ADDRESS 1717 NW 13 CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D ☒ DELETE

NAME GREENE, JAVIOUS E

STREET ADDRESS 2610 NW 6 PLACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-99 (954) 463-5746

CR2E037 (1/98)