

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90012 008 ****70.00

DOCUMENT # N98000005362

1. Entity Name
CENTRAL CHILD CARE DEVELOPMENT CENTER, INC.



Principal Place of Business
**5001 S.W. 20TH STREET
HOLLYWOOD, FL 33023**

Mailing Address
**5001 S.W. 20TH STREET
HOLLYWOOD, FL 33023**

54062942



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0936117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLORIA WASHINGTON
5001 S.W. 20TH STREET
HOLLYWOOD, FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

7/5/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WASHINGTON, GLORIA**
STREET ADDRESS **5733 WILEY STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **VP** ☐ Delete
NAME **WASHINGTON, PRINCE JR.**
STREET ADDRESS **5733 WELLY ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **TD** ☒ Delete
NAME **WASHINGTON, GLORIA**
STREET ADDRESS **5733 WILEY ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **T** ☐ Delete
NAME **ROBINSON, TRAVIS**
STREET ADDRESS **791 N. PINE ISLAND RD. APT. 207**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **D** ☐ Delete
NAME **MCCREA, CHARLES**
STREET ADDRESS **5207 FLETCHER ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **TD** ☐ Delete
NAME **DANIELS, TOSHA**
STREET ADDRESS **20545 NW 30TH AVENUE**
CITY-ST-ZIP **CAROL CITY, FL 33056**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Mattie Bohler**
STREET ADDRESS **5662 Mayo Street**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

7/5/04
Date

(954) 961-3956
Daytime Phone #