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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000007043

1. Entity Name

CENTER FOR CHILD CARE AND SENIOR SERVICES, INC.

66406171

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
1055 NW REDLAND RD FLORIDA CITY FL 33034	10370 S. W 182 ST MIAMI FL 33157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0296113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, WELLINGTON SR
10370 SW 182ND ST
MIAMI FL 33157

7. Name and Address of New Registered Agent

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERGUSON, WELLINGTON SR 10370 SW 182ND ST FLORIDA CITY FL 33034 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MALLET, CHESTER 449 SW 11TH AVE HOMESTEAD FL 33234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORE, FRONDA E 10365 SW 173RD TERR MIAMI FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERGUSON, WELLINGTON SR 10370 SW 182ND ST MIAMI FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRONDA E. FORE 10365 S.W. 173 TERR MIAMI FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Wellington Ferguson SR. WELLINGTON FERGUSON 1/28/04 305-235-8525

(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OR STATUS) (Date) (Daytime Phone #)

Attachment [redacted] 600406171

CENTER FOR CHILD CARE AND SENIOR SERVICES, INC,
10370 S.W. 182 ST.
MIAMI, FL 33157

REFERENCE NUMBER: N 98000007043

NANE AND TITLE,S OF OFFICERS,

WELLINGTON FERGUSON SR, PD
PRESIDENT AND DIRECTOR

CHESTER MALLETT VD
VICE PRESIDENT AND DIRECTOR

FRONDA FORE E..SD
SECRETARY AND DIRECTOR — SECRETARY

WELLINGTON FERGUSON SR. PD

Wellington Ferguson Sr