

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000007043**

1. Entity Name  
**CENTER FOR CHILD CARE AND SENIOR SERVICES, INC.**



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

1st MOORE CR2E037 (10/05)

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 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERGUSON, WELLINGTON SR</b>		NAME <b>FERGUSON, WELLINGTON SR</b>	
STREET ADDRESS <b>10370 SW 182ND ST</b>		STREET ADDRESS <b>10370 SW 182ND ST</b>	
CITY-ST-ZIP <b>FLORIDA CITY FL 33034</b>		CITY-ST-ZIP <b>FLORIDA CITY FL 33034</b>	
TITLE <b>DV</b>	<input type="checkbox"/> Delete	TITLE <b>DV</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MALLET, CHESTER</b>		NAME <b>MALLET, CHESTER</b>	
STREET ADDRESS <b>449 SW 11TH AVE</b>		STREET ADDRESS <b>449 SW 11TH AVE</b>	
CITY-ST-ZIP <b>HOMESTEAD FL 33234</b>		CITY-ST-ZIP <b>HOMESTEAD FL 33234</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORE, FRONDA E</b>		NAME <b>FORE, FRONDA E</b>	
STREET ADDRESS <b>10365 SW 173RD TERR</b>		STREET ADDRESS <b>10365 SW 173RD TERR</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>		CITY-ST-ZIP <b>MIAMI FL 33157</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**U00000412088  
02/10/06-80034-009 70.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.