

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010174

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** CORINE'S FAMILY CHILD CARE ACADEMY, INC.

**Current Principal Place of Business:**

390 W. 22ND STREET  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

390 W. 22ND STREET  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

FEI Number: 05-0552872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, CORINE E  
390 W. 22ND STREET  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: WILLIAMS, CORINE E  
Address: 390 W. 22ND STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ST  
Name: WILLIAMS, CORINE E  
Address: 390 W. 22ND STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PVP  
Name: WILLIAMS, CORINE E  
Address: 390 WEST 22ND STREET  
City-St-Zip: RIVIERA BEACH, FL 33404 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORINE E WILLIAMS

PVP

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date