

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155318

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: PHYLLIS DUNCOMBE CHILDCARE AND FAMILY RESOURCE CENTER, INC

## Current Principal Place of Business:

1357 WEST 28TH STREET  
RIVIERA BEACH, FL 33404

## New Principal Place of Business:

11820 49TH STREET NORTH  
WEST PALM BEACH, FL 33411

## Current Mailing Address:

331 WEST 33RD STREET  
RIVIERA BEACH, FL 33404

## New Mailing Address:

11820 49TH STREET NORTH  
WEST PALM BEACH, FL 33411

FEI Number: 25-1909048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPEIGHTS, RUBY V  
331 WEST 33RD STREET  
RIVIERA BEACH, FL 33404 US

## Name and Address of New Registered Agent:

DUNCOMBE, DONALD C D  
11820 49TH STREET NORTH  
WEST PALM BEACH, FL 33411 US

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: DONALD C. DUNCOMBE

07/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUNCOMBE, PHYLLIS M  
Address: 11820 49TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V ( ) Delete  
Name: DELFISH, NORMA R  
Address: 3060 NORTH SHORE DR  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: DUNCOMBE, DONALD C  
Address: 11820 49TH STREET NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete  
Name: SPEIGHTS, RUBY V  
Address: 331 WEST 33RD STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DUNCOMBE, NORMA R  
Address: 3060 NORTH SHORE DR  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD C. DUNCOMBE

D

07/09/2007

Electronic Signature of Signing Officer or Director

Date