

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069261 (2)

1. Corporation Name

REDEEMING WORD CHRISTIAN CENTER DAYCARE, INC.



Principal Place of Business

1845 NORTHWEST 38TH AVENUE
LAUDERHILL FL 33311

Mailing Address

1845 NORTHWEST 38TH AVENUE
LAUDERHILL FL 33311-4118

3. Date Incorporated or Qualified
09/08/1995

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
65-0614838

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

BRINSON, EDWARD
1845 NORTHWEST 38TH AVENUE
LAUDERHILL FL 33311

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRINSON, EDWARD G	
STREET ADDRESS	13317 NW 8TH COURT	
CITY - ST - ZIP	SUNRISE FL 33325	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRINSON, YVETTE M	
STREET ADDRESS	13317 NW 8TH COURT	
CITY - ST - ZIP	SUNRISE FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DALY, CHRIS	
STREET ADDRESS	4515 NW 3RD COURT	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRINSON, EDWARD G	
1.3 STREET ADDRESS	12699 Classic Dr	
1.4 CITY - ST - ZIP	Coral Springs, FL 33071	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRINSON, YVETTE M	
2.3 STREET ADDRESS	12699 Classic Dr	
2.4 CITY - ST - ZIP	Coral Springs, FL 33071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DIRECTOR)

Date

Daytime Phone #

0269365

CR2E034 (9/96)