

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720397

Entity Name: "FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC."**Current Principal Place of Business:**200 N.E. 14TH ST
BOCA RATON, FL 33432**Current Mailing Address:**200 N.E. 14TH ST
BOCA RATON, FL 33432**FEI Number:** 59-1312245**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OKRENT, ELLYN
200 NE 14 ST.
BOCA RATON, FL 33432 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:** ELLYN OKRENT

03/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name TABOR, MARK
Address 200 NORTHEAST 14TH STREET
City-State-Zip: BOCA RATON FL 33432

Title P
Name FINKELSTEIN, BERNARD
Address 200 NORTHEAST 14TH STREET
City-State-Zip: BOCA RATON FL 33432

Title EVP
Name ADKINS, KATHY
Address 200 NORTHEAST 14TH STREET
City-State-Zip: BOCA RATON FL 33432

Title SD
Name SCHEER, MARK J
Address 200 NORTHEAST 14TH STREET
City-State-Zip: BOCA RATON FL 33432

Title CEO
Name OKRENT, ELLYN
Address 200 NE 14 ST.
City-State-Zip: BOCA RATON FL 33432

Title VP
Name ROBES, ROBERT
Address 200 N.E. 14TH ST
City-State-Zip: BOCA RATON FL 33432

Title VP
Name KAZMA, AMY
Address 200 N.E. 14TH ST
City-State-Zip: BOCA RATON FL 33432

Title VP
Name ANDERSON, PEG
Address 200 N.E. 14TH STREET
City-State-Zip: BOCA RATON FL 33432

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLYN OKRENT

CEO

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date