

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734833

Entity Name: GERTRUDE WALDEN CHILD CARE CENTER, INC.**Current Principal Place of Business:**601 LAKE STREET
STUART, FL 34994-3152**Current Mailing Address:**601 LAKE STREET
STUART, FL 34994-3152 US**FEI Number:** 59-1651492**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAVE, WENDELL
2029 NE GINGER TERRACE
JENSEN BEACH, FL 34957 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:** WENDELL CAVE

03/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	ALLISON, CAROL
Address	598 SW FELDMAN AVE
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	OTHER
Name	HARVERY, PHILLIP
Address	5821 SE COLEE AVENUE
City-State-Zip:	STUART FL 34997

Title	ED
Name	WASHINGTON, THELMA M.
Address	184 NE BLAIRWOOD TRACE
City-State-Zip:	JENSEN BEACH FL 34957

Title	OTHER
Name	GILLESPIE, PHYLLIS
Address	2142 NE MARLBERRY LANE
City-State-Zip:	JENSEN BEACH FL 34957

Title	SECRETARY
Name	WORLEY, CLAUDIA
Address	2269 HUNTERS CLUB WAY
City-State-Zip:	PALM CITY FL 34990

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: THELMA M. WASHINGTON

ED

03/25/2018

Electronic Signature of Signing Officer/Director Detail

Date