

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005081

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC6116025702**

**Entity Name:** ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN OF THE PALM BEACHES CORP.

**Current Principal Place of Business:**

3026 WEST MAIN ST  
TAMPA, FL 33607

**Current Mailing Address:**

3026 WEST MAIN ST  
TAMPA, FL 33607

**FEI Number: 23-7036994**

**Certificate of Status Desired: Yes**

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

GELLENS, SUZANNE  
3026 WEST MAIN ST  
TAMPA, FL 33607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                       |                 |                     |
|-----------------|-----------------------|-----------------|---------------------|
| Title           | VP                    | Title           | PRESIDENT           |
| Name            | WILLIAMS, CONNIE R    | Name            | SAMUELS, MARCY      |
| Address         | 1415 NE 2ND AVENUE    | Address         | 575 DOLLARSPOT CT   |
| City-State-Zip: | DELARY BEACH FL 33444 | City-State-Zip: | WELLINGTON FL 33414 |

*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: MARCY SAMUELS**

**PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date