

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N93000001405

Entity Name: FULFORD CHRISTIAN DAY CARE, INC.

Current Principal Place of Business:

1900 NE 164TH ST.
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1900 NE 164TH ST.
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0387053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKE, MARTA J
1900 NE 164TH ST.
MIAMI, FL 33162 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 PRESIDENT
Name MCCLEAN, MARVA
Address 1900 N.E. 164 STREET
City-State-Zip: N MIAMI BEACH FL 33162

Title TRUSTEE
Name KING, JAMES
Address 1900 N.E. 164 STREET
City-State-Zip: N MIAMI BEACH FL 33162

Title TREASURER
Name JAMES, BEVELRY
Address 1900 N.W. 164 STREET
City-State-Zip: N MIAMI BEACH FL 33162

Title OFFICER
Name SBRISSA, SHARON
Address 1900 NE 164 ST
City-State-Zip: N MIAMI BEACH FL 33162

Title OFFICER
Name MORGAN, SHIRLEY
Address 1900 NE 164 ST
City-State-Zip: N MIAMI BEACH FL 33162

Title DIRECTOR
Name JACKSON, SOPHIA AM
Address 1900 NE 164TH ST.
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: SOPHIA AM JACKSON

DIRECTOR

04/10/2013

Electronic Signature of Signing Officer/Director Detail

Date