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.

DPT

SIGNATURE: ARLEEN LAMBERT

Electronic Signature of Signing Officer/Director Detail

2023	<b>FLORIDA NOT</b>	FOR PROFIT	CORPORATION	ANNUAL REPORT

#### DOCUMENT# N2100002802

Entity Name: NATIONAL ASSOCIATION OF EARLY CHILDHOOD IN PROFESSIONAL DEVELOPMENT INC

#### **Current Principal Place of Business:**

19811 NW 7TH AVE MIAMI, FL 33169

## **Current Mailing Address:**

19811 NW 7TH AVE MIAMI, FL 33169 US

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

LAMBERT, ARLEEN L 19811 NW 7TH AVE MIAMI, FL 33169 US Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	DPT	Title	S		
Name	LAMBERT, ARLEEN L	Name	MCCLAREN, TASHEBA		
Address	19811 NW 7TH AVE	Address	3800 DAVIE ROAD EXTENSION		
City-State-Zip:	MIAMI FL 33169		UNIT 1302		
		City-State-Zip:	HOLLYWOOD FL 33024		
Title	0	Title	0		
Name	LANEY, ROSALYN	Title	0		
Name	EANET, ROSAETN	Name	HICKS, OTHONDRA		
Address	P.O. BOX 4144	A daha a a			
City-State-Zip:	HALLANDALE FL 33008	Address	14359 MIRAMAR PARKWAY STE 474		
		City-State-Zip:	MIRAMAR FL 33027		

05/01/2023

## FILED May 01, 2023 Secretary of State 8136675818CC

Date

Date