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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724048** **(4)**

1. Corporation Name

~~BIG BEND COMMUNITY COORDINATED CHILD CARE, INC.~~ WC 224
KIDS INCORPORATED OF THE BIG BEND

Principal Place of Business	Mailing Address
2003 APALACHEE PARKWAY SUITE #~~209~~ TALLAHASSEE FL 32301-4857	2003 APALACHEE PARKWAY SUITE #~~209~~ TALLAHASSEE FL 32301-4857

3. Date Incorporated or Qualified: 08/04/1972
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: 206
Suite, Apt. #, etc. — 27: 206

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number: 23-7411718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIS, PAMELA B.
2003 APALACHEE PARKWAY
SUITE ~~209~~
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: SUITE 206
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHELLEY, LEWIS		1.2 NAME	
STREET ADDRESS	300 S. ADAMS ST. 2ND FLR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	READDICK, COCO DR.		2.2 NAME	
STREET ADDRESS	2550 NOBLE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUSE, MICHAEL DR.		3.2 NAME	
STREET ADDRESS	2947 WHIRL-A-WAY TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LAVIA, JENNIFER		4.2 NAME	
STREET ADDRESS	7030 ALABAMA DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PAMELA B.		5.2 NAME	
STREET ADDRESS	6521 ALAN A DALE TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BELL, BUDD		6.2 NAME	400002130864
STREET ADDRESS	2107 WOODSTOCK LANE		6.3 STREET ADDRESS	-04/02/97--01005--045
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	***70.00

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela B Davis 3-20-97 (904) 414-9800 4-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007371