


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90002 028 ****70.00

DOCUMENT # 733411 1. Entity Name AVON PARK COMMUNITY CHILD DEVELOPMENT CENTER, INC.					
Principal Place of Business 800 S DELANEY AVON PARK, FL 33825 US			Mailing Address 800 S DELANEY AVON PARK, FL 33825 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0182725	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STANSELL, DIANA 3323 GRAN PRIX DRIVE SEBRING, FL 33870				7. Name and Address of New Registered Agent Name Joan Harrell Street Address (P.O. Box Number is Not Acceptable) 91 Lake Byrd Blvd. City Avon Park FL Zip Code 33825	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Joan Harrell</i></u> 3-1-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONSELL, DIANE <input checked="" type="checkbox"/> Delete 3323 GRAND PRIX DRIVE SEBRING, FL 33870				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANDRESS, PATRICIA <input type="checkbox"/> Delete 327 E PALMETTO STREET AVON PARK, FL 33825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, SHARON L <input checked="" type="checkbox"/> Delete 5614 N KEY BLVD SEBRING, FL 33871				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J B T TURNBALL, MARGARET <input type="checkbox"/> Delete 2011 LAKE LOTELA AVON PARK, FL 33825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joan Harrell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 91 Lake Byrd Avon Park, FL 33825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pamela Johnson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 218 East Walnut St. Avon Park, FL 33825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Velma Jackson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/25/04 <small>Date</small>		863 4521069 <small>Daytime Phone #</small>	