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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **735843**

(5)

N/C 12.22.97

1. Corporation Name

~~CREATIVITY IN CHILDCARE, INC.~~
R*CLUB CHILD CARE INC.

Principal Place of Business	Mailing Address
4910-D CREEKSIDE DR CLEARWATER FL 34620	4910-D CREEKSIDE DR CLEARWATER FL 34620

3. Date Incorporated or Qualified: 05/17/1976

4. FEI Number: 59-1704870 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 33760 / 25 Country	29 Zip 33760 / 30 Country

9. Name and Address of Current Registered Agent

VECHIOLI, JOAN
JOHNSON, BLAKELY AND POPE, P.A.
911 CHESTNUT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: BERT MULLER, EXECUTIVE DIRECTOR
82 Street Address (P.O. Box Number Is Not Acceptable): 4910-D CREEKSIDE DRIVE
83
84 City: CLEARWATER FL 85 Zip Code: 33760

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 2-7-1998
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	TD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	MORIARTY, THOMAS		1.2 NAME	CHARLES MANN	
STREET ADDRESS	201 HIGHLAND AVE		1.3 STREET ADDRESS	1997 STANTON AVENUE	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	LARGO, FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FRANK		2.2 NAME		
STREET ADDRESS	11351 ULMERTON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEEL, CURTIS D. JR		3.2 NAME		
STREET ADDRESS	8333 BRYAN DAIRY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARTOLOTTA, JONI		4.2 NAME		
STREET ADDRESS	5999 CENTRAL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MALMAD, SUE J CPA		5.2 NAME		
STREET ADDRESS	1042 MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002443819	
STREET ADDRESS			6.3 STREET ADDRESS	-03/02/98--01018--019	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

2.27

14. 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 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: _____ Thomas Moriarty 2-19-97 813-587-1397

CR2E037 (10/97)