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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735843

1. Corporation Name

R'CLUB CHILD CARE, INC.

Principal Place of Business	Mailing Address
4910-D CREEKSIDE DR CLEARWATER FL 33760	4910-D CREEKSIDE DR CLEARWATER FL 33760

2. Principal Place of Business
21 9550 - 16th Street North
22 Suite, Apt. #, etc.
23 City & State: St. Petersburg FL
24 Zip: 33716 25 Country: Pinellas

2a. Mailing Address
26 9550 - 16th Street North
27 Suite, Apt. #, etc.
28 City & State: St. Petersburg FL
29 Zip: 33716 30 Country: Pinellas

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

4. FEI Number: 59-1704870 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

MULLER, BERT
4910-D CREEKSIDE DR
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83 9550 - 16th Street North
84 City: St. Petersburg **FL** 85 Zip Code: 33716

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: Bert Muller — DATE: Feb 25, 1999
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		☒ Change ☐ Addition
NAME	MORIARTY, THOMAS		1.2 NAME		
STREET ADDRESS	201 HIGHLAND AVE		1.3 STREET ADDRESS	8550 Ulmerton Road, Suite 101	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo FL 33771	
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	VP	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MANN, CHARLES		4.2 NAME		
STREET ADDRESS	1997 STANTON AVENUE		4.3 STREET ADDRESS	33770	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME			5.2 NAME	Stumetz, Cynthia	
STREET ADDRESS			5.3 STREET ADDRESS	400 N Ashley Drive, 7th Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa FL 33602	
TITLE		☐ DELETE	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME			6.2 NAME	Romig, Lee	
STREET ADDRESS			6.3 STREET ADDRESS	634 2nd Avenue South	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	St. Petersburg FL 33701	

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, with all other like empowered.

SIGNATURE: Thomas Moriarty — SIGNATURE REQUIRED — 03/07/99 — 727-299-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)