

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **748116** (1)
1. Corporation Name
CHILDBIRTH EDUCATION OF GREATER LAKELAND, INC.



Principal Place of Business: **1239 E. MAIN ST. P.O. BOX 5612 BARTOW FL 33803 US**
Mailing Address: **3436 SOUTHCREST BLVD. P. O. BOX 5612 LAKELAND FL 33813 US**

3. Date Incorporated or Qualified: **07/18/1979**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2007538**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26** *3761 Dovehollow Dr.*
Suite, Apt. #, etc.: **27**
City & State: **23** *Lakeland, FL*
Zip: **24** *33813* Country: **25** *Polk*

9. Name and Address of Current Registered Agent
**HANSILL, GINGER
3486 SOUTHCREST BLVD.
LAKELAND FL 33813**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3761 Dovehollow Dr
83 *Lakeland*
84 City **85** Zip Code
FL 33813

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: *Ginger Hansill* **3/8/96**
Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HANSILL, GINGER	
STREET ADDRESS	3436 SOUTHCREST BLVD.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	OLINGER, LISA	
STREET ADDRESS	540 S ORANGE AVE	
CITY-ST-ZIP	BARTOW FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, RUTH	
STREET ADDRESS	1160 N MILL AVE	
CITY-ST-ZIP	BARTOW FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MOORIS, PAIGE	
STREET ADDRESS	1140 S. MCADOO	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>3761 Dovehollow Dr</i>
1.4 CITY-ST-ZIP	<i>Lakeland, FL 33813</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>865 Helen Cir.</i>
2.4 CITY-ST-ZIP	<i>Bartow, FL 33830</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>DS Gloria Lutz</i>
3.3 STREET ADDRESS	<i>916 Wedgewood Ln.</i>
3.4 CITY-ST-ZIP	<i>Lakeland, FL 33813</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ginger Hansill* **3/8/96** **(904) 646-1819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE/PHONE #

CR2E037 (12/95)