

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Jul 24 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 3761 DOVEHOLLOW DRIVE LAKELAND FL 33813 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/18/1979</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>59-2007538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HANSILL, GINGER**  
**3761 DOVEHOLLOW DR**  
**LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Ginger Hansill* 7/18/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HANSILL, GINGER	
STREET ADDRESS	3761 DOVEHOLLOW DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	OLINGER, LISA	
STREET ADDRESS	885 HELENE CIRCLE	
CITY-ST-ZIP	BARTOW FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LUNZ, GLORIA	
STREET ADDRESS	916 WEDGEWOOD LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DV	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Juli Davis
3.3 STREET ADDRESS	927 Arpeika Dr.
3.4 CITY-ST-ZIP	Lakeland, FL 33813
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	300002251890 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/30/97--01005--033
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

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.

CR2E087 (4/97)

SIGNATURE REQUIRED