

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 031 ****61.25

DOCUMENT # N03000001745

1. Entity Name
CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.



Principal Place of Business
**433 NORTH MILLS AVENUE
ORLANDO, FL 32803**

Mailing Address
**433 NORTH MILLS AVENUE
ORLANDO, FL 32803**

50066118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
20-1065407

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIKES, RONALD W
141 NORTH ORANGE AVE. *1000 E. Robinson St. Suite A*
SUITE 4200 *Orlando, FL 32801*
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BAILES, C E III**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PIERCE, CHARLES**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **D** ☒ Change ☒ Addition
NAME ***Fisher, Robin***
STREET ADDRESS ***433 N. Mills Avenue***
CITY-ST-ZIP ***Orlando, FL 32803***

TITLE **D** ☐ Delete
NAME **WARLICK, THOMAS**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **FERBER, JAMES W**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WILCOX, DAN**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPST** ☐ Delete
NAME **RUSSELL, MARK A**
STREET ADDRESS **433 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James W. Ferber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-05
Date

Daytime Phone #