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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N38335

(8)

THE FLORIDA SCHOOL-AGE CHILD CARE COALITION, INC.

Principal Place of Business Mailing Address								
C/O CHRISTINE F. SHAGINAW C/O CHRISTINE F. SHAGI 21129 REINDEER RD 21129 REINDEER RD			IAGINAW					
CHRISTMAS FL 32709		CHRISTMAS FL 32709		3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1990 05/01/1995				
2. Principal P 21	cipal Place of Business 2a. Mailing Add		idress		4. FEI Number 59-3062864	Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>	·			Not Applicable 5 Additional	
Chu & State		27		5. Certificate of Status Desired	11 '	Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip		Countr	7	This corporation has liability for in	A00		
24	25 29		30			Yes No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	• • • • • • • • • • • • • • • • • • • •	
			81	Name				
SHAGINAW, CRISTINE F				Street A	ddress (P.O. Box Number is Not Acceptable	,		
21129 REINDEER RD				1	actives to the second to the Acceptable	1		
CHRIST	MAS FL 32709		83					
			84	City		85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617 0500	and 617 1509 Florida Ctatut		<u> </u>	poration submits this statement for the purpo			
				named corr oration's b	poration submits this statement for the purpli oard of directors. I hereby accept the appoir	ose of changing its otment as registere	registered office diagent. Lam	
	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TF: Registered Ann	nt sinnah re rez	uired when reinstating)			
12.	OFFICERS ANI		13.	it signatore raq	ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIDECT	ODS IN 10	
TITLE	PD	DELETE	1 1 TIFLE				Addition	
NAME	MUELLER, TOM		1.2 NAME	-	Please see altach	ed Library	LJ radiation	
STREET ADDRESS	1228 PINEVIEW AVE		1.3 STREE	Anneess	list.			
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY - 1					
TITLE	SD	DELETE	2 1 TITLE	71-211		Change	Addition	
NAME	STARK, LIZ	_	2 2 NAME			☐ cuange	LI Addition	
STREET ADDRESS	620 E UNIVERSITY AVE.		2.3 STREET	ADDDECC				
CITY - ST - ZIP	GAINESVILLE FL		2 4 CITY-	•				
TITLE	D	DELETE	31 TITLE	21-7IF		——————————————————————————————————————	Addition	
NAME	LEYTE-VIDAL, JOSEPHINE	—	3.2 NAME			☐ Change	Addition	
STREET ADDRESS	438 SW 3RD STREET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	OCALA FL		34 CITY-					
TITLE	VPD	DELETE	4.1 TITLE	31 - ZIF	The same same and the same same	arra arra Pichanon	Addition	
NAME	ATKINSON, JIM		4 2 NAME		30000184		LI AUDROIT	
STREET ADDRESS	1776 INDEPENDENCE LANE		43 STREET	ADDRESS	-05/28/960103	4003		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-S		***70.00			
TITLE	TD	DELETE	5.1 TITLE	1 - ZIF		☐ Change	☐ Addition	
NAME	SCOTT, PHYLLIS		5 2 NAME				☐ woomon	
STREET ADDRESS	1900 N MILLS AVE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		5.4 CITY - S					
TITLE	D	DELETE	6.1 TITLE	1 - 2 IT		Change	Addition	
NAME	CATHEY, BETH	_	62 NAME	ļ		unange	- Addition	
STREET ADDRESS	3625 FOWLER ST.		63 STREET	Annasee				
CITY-ST-7IP	FT. MYFRS FI		O S STREET	PODIEGO				

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), Fiorida 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/34/96 409-5-68-6497

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