FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38335

(8)

THE FLORIDA SCHOOL-AGE CHILD CARE COALITION, INC

FILED May 05 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								
% CAROL GIBSON 7216 MATCHETT RD ORLANDO FL 32608		5 CAROL GIBSON			3. Date Incorporated or Qualified			
		P O BOX 590042 ORLANDO FL 32859	P O BOX 590042		05/24/1990			
US	5008	US			4. FEI Number		Applied For	
**		•			59-3062864	. /	Not Applicable	
2. Principal P	face of Business	2a. Mailing Address		Certificate of Status Desired S8.75 Additional Fee Regulred				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing		00 May Be		
22		27	27		Trust Fund Contilbution		ded to Fees	
City & State	9	City & State	City & State		7. Is this nonprofit corporation a homeowners association?			
23		28			Yes No			
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	nt Hegistered Agent		1 Name	10. Name and Address of New Re	gistered Agent		
			l°	Hame			İ	
	GIBSON, CAROL				Address (P.O. Box Number is Not Acceptable)			
	TCHETT RD			3				
ORLAND	O FL 32809		"	3				
			Ē	4 City		85	Zip Code	
	70 0.5000	0		<u> </u>		FL [**		
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.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Carola Glison		aison			<u> </u>	- 48	
Signature, typed or printed name of registered agent and trile if applicable (NOTE Registered Agent signature regulard when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A							CTORS IN 12	
TITLE	D	DELETE	1.1 TITL		ADDITIONO/OFFICED TO OFFICE	☐ Ch		
NAME	SHELT, GARY		1.2 NAM					
STREET ADDRESS	500 E OCEAN BLVD			ET ADDRESS			Į§	
CITY-ST-ZIP	STUART FL			-ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TITU			☐ Ch	ange Addition	
NAME	STARK, LIZ		2.2 NAM	E				
STREET ADDRESS	100 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ET ADDRESS	RESS			
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY	-ST-ZIP				
TITLE	PD	DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME	FARBER, JENNIFER		3.2 NAM	:				
STREET ADDRESS	3625 FOWLER ST		3.3 STRE	ET ADDRESS				
CITY-SI-ZIP	FT MYERS FL		3.4, CITY	-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE	-		☐ Chi	ange Addition	
NAME	TALUGA, KATE		4. 2 NAW	IE .			Ì	
STREET ADDRESS	2003 APALACHEE PKWY #20	16	4.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY	-ST-ZIP				
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Ch	ange Addition	
NAME	KOENIG, DIANE		5.2 NAM	E			İ	
STREET ADDRESS	12050 E COLONIAL DR		5.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY	-ST-ZIP				
TITLE	VPD	☐ DELETE	6.1 TITLE			Cha	ange Addition	
NAME	CATHEY, BETH		6.2 NAM	E				
STREET ADDRESS	3625 FOWLER ST.		6.3 STRE	ET ADDRESS				
CITY-ST-ZWP	FT. MYERS FL		6.4 City			<u> </u>		
14 I harabu c	artifuthat the Information augustical w	ith this files does not qualify	I for the ever	otion stated	in Continu 110 07/2Vi) Florida Statuton I	further cortifu the	at the information	

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 on 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

TENNIFER FABER 3/2

3/27/98