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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38335** (8)
1. Corporation Name
THE FLORIDA SCHOOL-AGE CHILD CARE COALITION, INC



Principal Place of Business % CAROL GIBSON 7216 MATCHETT RD ORLANDO FL 32809 US		Mailing Address 5 CAROL GIBSON P O BOX 590042 ORLANDO FL 32859 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GIBSON, CAROL 7216 MATCHETT RD ORLANDO FL 32809		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <u>Carol Gibson</u> Org. Liaison DATE <u>8-27-98</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHELT, GARY	1.2 NAME	
STREET ADDRESS	500 E OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STARK, LIZ	2.2 NAME	
STREET ADDRESS	620 E UNIVERSITY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FARBER, JENNIFER	3.2 NAME	
STREET ADDRESS	3625 FOWLER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TALUGA, KATE	4.2 NAME	
STREET ADDRESS	2003 APALACHEE PKWY #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KOENIG, DIANE	5.2 NAME	
STREET ADDRESS	12050 E COLONIAL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CATHEY, BETH	6.2 NAME	
STREET ADDRESS	3625 FOWLER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	

14. 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 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: Jennifer Farber JENNIFER FARBER 3/27/98

CR2E037 (10/97)