


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAR 31 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002582 1. Entity Name WATOTO CHILD CARE MINISTRY, INC.	
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Principal Place of Business 203 CRYSTAL GROVE BLVD #102 LUTZ, FL 33548 US	Mailing Address P.O. BOX 1320 LUTZ, FL 33548 US
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2. Principal Place of Business	3. Mailing Address	03192004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3445250		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BANCROFT, TAMMY 203 CRYSTAL GROVE BLVD #102 LUTZ, FL 33548	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: Tammy Bancroft Tammy Bancroft 3-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SKINNER, GARY M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800031859908 04/06/04--01022--010 **61.25
STREET ADDRESS	203 CRYSTAL GROVE BLVD #102	STREET ADDRESS	Gary Beasley
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP	2525 Emerald Tree Lane Apopka, FL 32712
TITLE	VP BEASLEY, GARY <input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1067 RAINIER DR #1004	STREET ADDRESS	Stewart Hunter
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	2236 Vista Drive Burlington, ONTARIO, CANADA L7M 3M8
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 03/22/04 407 884 8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #