


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90023 021 ****61.25

DOCUMENT # N97000002582					
1. Entity Name WATOTO CHILD CARE MINISTRY, INC.					
Principal Place of Business 258 CRYSTAL GROVE BLVD LUTZ, FL 33548 US			Mailing Address P.O. BOX 1320 LUTZ, FL 33548 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
			05082006 Chg-NP		CR2E037 (4/06)
4. FEI Number 59-3445250				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANCROFT, TAMMY 258 CRYSTAL GROVE BLVD LUTZ, FL 33548			Name <u>Lawson, Julia</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>258 Crystal Grove Blvd</u>		
			City <u>Lutz</u>	FL	Zip Code <u>33548</u>
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 <u>Julia Lawson</u>			DATE <u>8/29/06</u>		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
Filing Fee is \$61.25 Due by September 6, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKINNER, GARY M	NAME			
STREET ADDRESS	258 CRYSTAL GROVE BLVD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEESELEY, GARY	NAME			
STREET ADDRESS	1100 LEE ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, STEWART	NAME			
STREET ADDRESS	2236 VISTA DR	STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA, L7M 3M8	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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 exemptions contained in Chapter 119, 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: <u>Julia Lawson</u>			DATE <u>8/29/06</u>		Daytime Phone # <u>813-948-4343</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>