2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9700002582 1. Entity Name WATOTO CHILD CARE MINISTRY, INC.						0.9	9-05-2006 9	00023 021 ****61	.25
258 CRYSTAL GROVE BLVD P		P.0.	Mailing Address P.O. BOX 1320 LUTZ, FL 33548 US						
2. Principal Place of Business		3. Mai	3. Mailing Address						
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.			05082006 C	hg-NP	CR2E037 (4/06)	
City & State		Ci	City & State		·	4. FEI Number 59-344525	50	 	pplied For ot Applicable
Zip	Zip Country		Zip		5. Certificate of			□ \$8.75 Ad Fee Require	
	6. Name and Address of	of Current Register	ed Agent			7. Name and Add	dress of New R	egistered Agent	
DANOBOE	T TABLES				Name Lau	USON, JU	lia	_	
BANCROFT, TAMMY 258 CRYSTAL GROVE BLVD					Street Address (P.O. Box Number is Not Acceptable)				
LUTZ, FL 33548						(, , , , , , , , , , , , , , , , , , ,		· ·	
					258	Convetal	Grove	Rhid	
					City Lutz	- Y31W 1		FL Zip Cox	548
	named entity submits this st tions of registered agent.	tatement for the purp	ose of changing its	register	ed office or registe	ered agent, or both, in	the State of Flo	orida. I am familiar with	, and accept
uie obligat	I. a ()	•					-/	/	-
SIGNATURE .	Histia Xa	114400)				8/29/	106	
SIGNATURE.	Sonature, typed or printed name of re-	gistered agent and title if ap	plicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$61.25 9. Election Ca Due by September 6, 2006 Trust Fund of						\$5.00 May Be Added to Fees		lake check payable ida Department of S	
10,	OFFICEF	RS AND DIRECTORS	i	11.		ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRECTORS II	N 10
TITLE	PD		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME	SKINNER, GARY M			NAM	Œ				
STREET ADDRESS 258 CRYSTAL GROVE BLVD					EET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33548			-	'-ST-ZIP				
TITLE	VP		☐ Delete	TITL.	E				Addition
NAME STREET ADDRESS	BEESLEY, GARY				ur l			Change	
CITY-ST-ZIP					E FET ADDRESS			change	
				STR	IE Eet address '-st-zip			L.J Change	
	ORLANDO, FL 32810		☐ Delete	STRI CITY	EET ADDRESS '-ST-ZIP				☐ Addition
TITLE	ORLANDO, FL 32810		☐ Delete	STR	EET ADDRESS '-ST-ZIP			Change	☐ Addition
TITLE	ORLANDO, FL 32810 ST HUNTER, STEWART 2236 VISTA DR	. ~		STRI CITY TITU NAM	EET ADDRESS '-ST-ZIP				☐ Addition
TITLE NAME	ORLANDO, FL 32810 ST HUNTER, STEWART	IO CANADA, L7I		STRI CITY TITL NAM STRI	EET ADDRESS 7-ST-ZIP E			☐ Change	
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r nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 11st, 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:

LIO CALLADO DE LA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR