


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAMPION, DON 258 CRYSTAL GROVE BLVD LUTZ, FL 33548		Name Eugene Stotzman	
		Street Address (P.O. Box Number is Not Acceptable) 258 Crystal Grove Blvd	
		City LUTZ FL Zip Code 33548	
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 <i>Eugene Stotzman</i>		DATE Aug 1, 2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, GARY M 258 CRYSTAL GROVE BLVD LUTZ, FL 33548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Young, Scott 4882 Wilde Pointe Dr Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEESLEY, GARY 1100 LEE ROAD ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Smith, Grant 4150 N. Farm Rd 173 Springfield, MO 65803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNTER, STEWART 2236 VISTA DR BURLINGTON ONTARIO CANADA, L7M 3M8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Gary Beesley</i>		DATE: July 25, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #: 321-356-4206	

FILED
08 AUG -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP



07212008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3445250** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name: Eugene Stotzman
Street Address (P.O. Box Number is Not Acceptable): 258 Crystal Grove Blvd
City: LUTZ FL Zip Code: 33548

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SIGNATURE: Eugene Stotzman DATE: Aug 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make check payable to Florida Department of State

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SIGNATURE: *Gary Beesley* DATE: **July 25, 2008** DAYTIME PHONE #: **321-356-4206**