

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002582

FILED
Mar 30, 2009
Secretary of State

Entity Name: WATOTO CHILD CARE MINISTRY, INC.

Current Principal Place of Business:

258 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1320
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3445250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOTZMAN, EUGENE
258 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

STUTZMAN, EUGENE
258 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

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.

SIGNATURE: VALERIE S KING

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKINNER, GARY M
Address: 258 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

Title: VP () Delete
Name: BEESLEY, GARY
Address: 1100 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: YOUNG, SCOTT
Address: 4882 WILDE POINT DR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: SMITH, BRENT
Address: 4150 N. FARM RD. 173
City-St-Zip: SPRINGFIELD, MO 65803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE S KING

DIR

03/30/2009

Electronic Signature of Signing Officer or Director

Date