

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000002582

1. Entity Name
WATOTO CHILD CARE MINISTRY, INC.

Principal Place of Business
 4415 FLORIDA NATIONAL BR
 SUITE 204
 LAKELAND, FL 33813 US

Mailing Address
 P.O. Box 7547
 LAKELAND, FL 33807 US

2. Principal Place of Business
 203 Crystal Grove Blvd.
 Suite, Apt. #, etc. #102

Mailing Address
 P.O. Box 1320
 State, Apt. #, etc.

City & State
 Lutz, FL

City & State
 Lutz, FL

4. FEI Number
 50-3445250

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

6. Name and Address of Current Registered Agent
 BEESLEY, GARY H
 1326 VALLEY PINE CIRCLE
 APOPKA, FL 32712

7. Name and Address of New Registered Agent
 TAMMY BANCROFT
 203 Crystal Grove Blvd
 #102
 Lutz, FL 33548

8. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am limited with, and accept the obligations of registered agent.

SIGNATURE *Tammy Bancroft* DATE *May 15/03*

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, GARY M 1002 SOUTH-LAWN DRIVE PETERBOROUGH, ONTARIO CANAD. <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER GARY M. 203 Crystal Grove Blvd #102 Lutz, FL 33548 <i>change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEESLEY, GARY H 1326 VALLEY PINE CIRCLE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAIRD, RAYMOND 10006 PARADISE BLVD. TREASURE ISLAND, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Beesley 1067 Rainer br #1004 Altamonte Springs FL 32714 <i>change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOHNCHEN, RANDY 6746 CENTURY AVE MISSISSAUGA ON CANADA, <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sohnchen-Randy 2450 Milltower Ct MISSISSAUGA, ON L5N 5Z6 Canada <i>change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 519-07/5210, Florida Statutes. I further certify that the information furnished 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 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 the empowered.

SIGNATURE: *Kim Caruso* DATE: *May 15/03 8:13-948-4343*


55051569

CHECK HERE IF MAKING CHANGES

PRESIDENT
 VICE PRESIDENT
 SEC/TREASURER
 EC

attachment 503/569

~~XXXXXXXXXX~~
#M970002582



Kim Caruso
— Ther Coordinator /
— Office Administrator —
**Watoto Child Care
Ministries (USA)**

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