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96 SEP 20 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001185 (6)
1. Corporation Name

FIRST CLASS KIDS CARE CENTER INC.

Principal Place of Business

7408 ALOMA AVE
WINTER PARK FL 32792

Mailing Address

7408 ALOMA AVE
WINTER PARK FL 32792

3. Date Incorporated or Qualified
03/09/1995

3a. Date of Last Report
Initial Report

2. Principal Place of Business

21 7408 Aloma Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 7408 Aloma Avenue

Suite, Apt. #, etc.

4. FEI Number

59-3351312

Applied For
Not Applicable

22 City & State

23 Winter Park, FL.

27 City & State

28 Winter Park FL.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 32792

25 Orange

29 32792

30 Orange

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ATKINSON, WINNIFRED
1841 WHITNEY WAY SEMORAN NORTH APT 203
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CRUICKSHANK, HALSEY
STREET ADDRESS 448 E 45 ST
CITY-ST-ZIP BROOKLYN NY 11203 ☐ DELETE

TITLE SD
NAME ATKINSON, WINNIFRED
STREET ADDRESS 1841 WHITNEY WAY SEMORAN N. APT 203
CITY-ST-ZIP WINTER PARK FL 32792 ☐ DELETE

TITLE D
NAME Charles Atkinson
STREET ADDRESS 1841 Whitney Way, Apt. 203
CITY-ST-ZIP Winter Park, FL. 32792 ☒ DELETE

TITLE Director
NAME Parker, Sylvia B.
STREET ADDRESS 2224 Dardanella Drive
CITY-ST-ZIP Orlando, Florida 32808 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Charles Atkinson
1841 Whitney Way, #203
Winter Park, FL. 32792 ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

5000001365655
-10/04/96--U1097--001
*****61.25 *****61.25 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Director
Parker, Sylvia B.
2224 Dardanella Drive
Orlando, FL. 32808 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* This corporation did not begin operation until 1/19/96. Winnifred Atkinson July 31 1996, 407-671-1076

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