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

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90247 007 ****61.25

DOCUMENT # 708764

1. Entity Name

BRIGHTEST HORIZONS MISSION, INC.

Principal Place of Business	Mailing Address
10320 GLADIOLUS DRIVE P.O. BOX 08072 FT. MYERS FL 33908-8072 US	P.O. BOX 08072 FT. MYERS FL 33908-8072 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-7378076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARK, MR. ALVIN
6807 TURBAN CT
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: Ms. Carol Daniels
Street Address (P.O. Box Number is Not Acceptable): 13310 Coral Drive
City: Fort Myers, FL Zip Code: 33908

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: Carol Daniels CAROL DANIELS 2/6/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD SLAYTON, DR. WANDA 2803 TURBAN CT. FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOLLINGER, RICHARD 13061 SILVER SANDS DR. FORT MYERS FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Arnold, Rick 6331 Sunnyside Ct. Ft. Myers FL. 33919 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOLER, SANDRA 2050 PERIWINKLE WAY SANIBEL ISLAND FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EOD SHADDOCK, KATHLEEN P 2303 SE 6TH TERR. CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HILLEBRANDT, WILLIAM 1870 WOODRING ROAD SANIBEL FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Hillebrandt, William 1355 Eagle Run Sanibel, FL. 33957 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD PARK, ALVIN 6807 TURBAN CT FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Park, Alvin 6807 Turban Ct. Ft. Myers Fl. 33908 ☒ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kathleen Shaddock 2/6/03 239-481-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER