FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:17

DOCUMENT # 708985 (7)

1. Corporation Name
CHILDHOOD DEVELOPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3230 S. E. MARICAMP ROAD OCALA FL 32671	3230 S. E. MARICAMP ROAD OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1262700 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 1601 NE 25th Avenue	26 P. O. Box 70289
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27
City & State 23 Ocala, Florida	City & State 28 Ocala, Florida
Zip / Country 24 34470 / 25 Marion	Zip / Country 29 34470 / 30 Marion

9. Name and Address of Current Registered Agent

FOWLER, JENNIFER
3230 SE MARICAMP ROAD
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: Linda Foy
82 Street Address (P.O. Box Number is Not Acceptable): 1601 NE 25th Avenue
83
84 City: Ocala FL 85 Zip Code: 34470

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	X Change ☐ Addition
NAME	ADKINS, CHARLES B.	1.2 NAME	Barbara Fitos	
STREET ADDRESS	115 N. SEMINOLE AVE.	1.3 STREET ADDRESS	3390 SE 22nd Avenue	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VPD	2.1 TITLE	PD Elect	X Change ☐ Addition
NAME	GILLIAM, DOUG	2.2 NAME	Mary Jo Cavalier	
STREET ADDRESS	2441 W. SILVER SPRINGS	2.3 STREET ADDRESS	3550 SE 38th Street	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	ST	3.1 TITLE	Treasurer	X Change ☐ Addition
NAME	RUSSELL, OSCAR	3.2 NAME	Ralph Croskey	
STREET ADDRESS	4340 SE 59TH ST	3.3 STREET ADDRESS	2031 SE 5th Place	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	4.1 TITLE	ST	X Change ☐ Addition
NAME	MORENO, ROANNE, DR.	4.2 NAME	Ann Hall	
STREET ADDRESS	311 S.E. 53RD COURT	4.3 STREET ADDRESS	1330 W. Citizens Blvd.	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		5.1 TITLE	VPD	X Change ☐ Addition
NAME		5.2 NAME	Linda Foy	
STREET ADDRESS		5.3 STREET ADDRESS	5420 SE 18th Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Linda Foy Linda Foy 2-3-95 904-629-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010276