

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **708985** (7)

1. Corporation Name

**CHILDHOOD DEVELOPMENT SERVICES, INC.**



Principal Place of Business

1601 NE 25TH AVE  
STE 301  
OCALA FL 34470  
US

Mailing Address

P O BOX 70289  
OCALA FL 34470  
US

3. Date Incorporated or Qualified  
**05/19/1965**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1262700**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOY, LINDA**  
**1601 NE 25TH AVE**  
**OCALA FL 34470**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME FITOS, BARBARA  
STREET ADDRESS 3390 SE 22ND AVE  
CITY-ST-ZIP Ocala FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Ann Hall  
1.3 STREET ADDRESS 1330 W. Citizens Blvd. Suite 401  
1.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE PD ☒ DELETE  
NAME CAVALIER, MARY JO  
STREET ADDRESS 3350 SE 38TH STREET  
CITY-ST-ZIP Ocala FL

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Michael May  
2.3 STREET ADDRESS 2631 SE 3rd Street  
2.4 CITY-ST-ZIP Ocala, FL 34471

TITLE T ☒ DELETE  
NAME CROSKY, RALPH  
STREET ADDRESS 2031 SE 5TH PLACE  
CITY-ST-ZIP Ocala FL

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME Warnell Maxey  
3.3 STREET ADDRESS 3351 SE 73rd Street  
3.4 CITY-ST-ZIP Ocala, FL 34480

TITLE ST ☒ DELETE  
NAME HALL, ANN  
STREET ADDRESS 1330 W CITIZENS BLVD  
CITY-ST-ZIP LEESBURG FL

4.1 TITLE ST ☒ Change ☐ Addition  
4.2 NAME Annearle Schilling  
4.3 STREET ADDRESS P. O. Box 305  
4.4 CITY-ST-ZIP Howy in the Hills, FL 34737

TITLE VPD ☐ DELETE  
NAME FOY, LINDA  
STREET ADDRESS 5420 SE 18TH LANE  
CITY-ST-ZIP Ocala FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

*Linda Foy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 952-629-0008

Date

Daytime Phone #

CR2E037 (12/95)