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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34470-0289
US



3. Date Incorporated or Qualified

05/19/1965

3a. Date of Last Report

02/06/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1262700

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

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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 HALL, ANN
STREET ADDRESS 1330 WEST CITIZENS BLVD, SUITE 401
CITY-ST-ZIP LEESBURG FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Frank Rasbury
1.3 STREET ADDRESS 347 Oak Track Course
1.4 CITY-ST-ZIP Ocala, Florida 34472

TITLE PD ☒ DELETE
NAME MAY, MICHAEL
STREET ADDRESS 2631 SE 3RD STREET
CITY-ST-ZIP Ocala FL

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Katrina Boone
2.3 STREET ADDRESS 1300 Duncan Drive, Bldg. E
2.4 CITY-ST-ZIP Travares, Florida 32778

TITLE T ☐ DELETE
NAME MAXEY, WARNELL
STREET ADDRESS 3351 SE 73RD STREET
CITY-ST-ZIP Ocala FL

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

TITLE S ☒ DELETE
NAME STANTON, DAN
STREET ADDRESS 626 WYNNEHURST STREET
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Kathy Dawkins
4.3 STREET ADDRESS 2680 Southland Rd.
4.4 CITY-ST-ZIP Mt. Dora, Florida 32757

TITLE T ☒ DELETE
NAME CANNON, FELTON T
STREET ADDRESS 522 CHADWICK STREET
CITY-ST-ZIP PENSACOLA 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97

Date

Day/Time Phone # 000-0000

CR2E037 (9/96)