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FILED  
Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708985** (7)

1. Corporation Name

**CHILDHOOD DEVELOPMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

**1801 NE 25TH AVE  
STE 301  
OCALA FL 34470  
US**

**P O BOX 70289  
OCALA FL 34470  
US**



3. Date Incorporated or Qualified

**05/19/1965**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No **N/A**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOY, LINDA  
1801 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 **FRANK RASBURY**  
STREET ADDRESS **347 OAK TRACK COURSE**  
CITY-ST-ZIP **OCALA FL**

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

TITLE **PD** ☒ DELETE  
NAME **KATRINA BOONE**  
STREET ADDRESS **1300 DUNCAN DR., BLDG E**  
CITY-ST-ZIP **TRAVARES FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PD**  
2.3 STREET ADDRESS **Lucy Young**  
2.4 CITY-ST-ZIP **11729 W. Coquina Ct.**

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 **T**  
3.3 STREET ADDRESS **Norbert J. Fante, Jr.**  
3.4 CITY-ST-ZIP **3337 SE 15th Street**

TITLE **S** ☒ DELETE  
NAME **KATHY DAWKINS**  
STREET ADDRESS **2680 SOUTHLAND RD.**  
CITY-ST-ZIP **MT. DORA FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **S**  
4.3 STREET ADDRESS **Myra Weldon**  
4.4 CITY-ST-ZIP **P. O. Box 738 N/A**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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*

*Linda Foy 2/12/98*

352-629-0055

CR2E037 (10/97)