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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708985

1. Corporation Name

CHILDHOOD DEVELOPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

1601 NE 25TH AVE
~~STE 301~~ **900**
OCALA FL 34470
US

~~P.O. BOX 70289~~ **Same**
~~OCALA FL 34470~~
~~US~~



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/19/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1262700
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	25	29
Country	Country	30

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK RASBURY		1.2 NAME	
STREET ADDRESS	347 OAK TRACK COURSE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, LUCY		2.2 NAME	Susan Dean
STREET ADDRESS	11729 W. COQUINA CT.		2.3 STREET ADDRESS	230 NE 25th Ave
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERT, J. FANTE JR.		3.2 NAME	
STREET ADDRESS	3337 SE 15TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, MYRA		4.2 NAME	
STREET ADDRESS	P.O. BOX 738 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL 32134		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

352-6270055

CR2E037 (11/98)