

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90096 034 \*\*\*\*70.00

**DOCUMENT # 708985**

1. Entity Name

**CHILDHOOD DEVELOPMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

1601 N E 25TH AVENUE  
900  
OCALA FL 34470  
US

1601 N E 25TH AVENUE  
900  
OCALA FL 34470  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1262700**

Applied For.

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Delete  
NAME **FOY, LINDA**  
STREET ADDRESS **1601 NE 25TH AVE., SUITE 900**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **DEAN, SUSAN**  
STREET ADDRESS **230 N E 25TH AVENUE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Change ☒ Addition  
NAME **Ted Strawbridge**  
STREET ADDRESS **219 SE 54th St**  
CITY-ST-ZIP **Ocala FL 34471**

TITLE **T** ☒ Delete  
NAME **LIGHTBODY, SUSAN**  
STREET ADDRESS **9080 SW 19TH AVE RD**  
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☒ Addition  
NAME **Joe Fante**  
STREET ADDRESS **3337 SE 15th St**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **T** ☐ Delete  
NAME **STRAWBRIDGE, TED**  
STREET ADDRESS **219 SE 54TH COURT**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MARI O' DONNELL**  
STREET ADDRESS **P.O. BOX 2855**  
CITY-ST-ZIP **OCALA, FL 34478**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

**1-08-03**

**352-629-0055 (207)**

Date

Daytime Phone

CR2E037 (10/02)