FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:07

DOCUMENT # 716897 (4)

1. Corporation Name

CHILD CARE CENTER OF RIVERSIDE PARK UNITED METHO DIST CHURCH, INC.

Principal Place of Business	Mailing Address
UNITED METHODIST CHURCH INC 604 OAK STREET JACKSONVILLE FL 32204	UNITED METHODIST CHURCH INC 604 OAK STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1092701 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

EPPS, WINDELL
604 OAK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	EARLY, IRVINE B	12 NAME	
STREET ADDRESS	2237 NATHAN DR. W.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	DUDLEY, BONNIE R	22 NAME	
STREET ADDRESS	4135 VENETIA BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	PICKREN, CHARLES E	32 NAME	
STREET ADDRESS	10728 GOLDEN SPIKE LN.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WOOLERY, GLADYS	42 NAME	
STREET ADDRESS	1839 GREENWOOD AVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DORSIE-FRANK, ALICIA	52 NAME	
STREET ADDRESS	4725 WAVERLY LANE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GILSDORF, ANN	62 NAME	
STREET ADDRESS	5029 GREENWAY RD.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	64 CITY-ST-ZIP	

RECEIVED MAY 1

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: Windell Epps Windell Epps 4-27-95 (904) 366-2546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone

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