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 APR 11 PM 9:55

DOCUMENT # **717644** **(9)**

1. Corporation Name

ORMOND BEACH NEIGHBORHOOD CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
150 S. WASHINGTON ST. ORMOND BEACH FL 32174-6424	150 S. WASHINGTON ST. ORMOND BEACH FL 32174-6424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1969
3a. Date of Last Report: [redacted]
4. FEI Number: 59-1281267 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, DOROTHA JEAN 1412 CADILLAC DR. DAYTONA BCH FL 32014	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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, ANDY	1.2 NAME		
STREET ADDRESS	1618 3RD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WOOD, JOHN	2.2 NAME	DUBOIS, ROBERT	
STREET ADDRESS	141 S. WASHINGTON ST.	2.3 STREET ADDRESS	50 RIVERSHORE DRIVE	
CITY-ST-ZIP	ORMOND FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	WADDELL, MARJORIE	3.2 NAME	JOANNE NEWBY	
STREET ADDRESS	307 JOHN ANDERSON DRIVE	3.3 STREET ADDRESS	25 HUMMINGBIRD LANE	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, DOROTHA	4.2 NAME		
STREET ADDRESS	1412 CADILLAC DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DINA	5.2 NAME		
STREET ADDRESS	1660 OCEANSHORE DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, GREG	6.2 NAME		
STREET ADDRESS	1660 OCEANSHORE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP		

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)(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: Andy Jackson Sr, Board President 3/26/95 (904) 677 8093
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024334