

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 717644 (9)

1. Corporation Name

ORMOND BEACH NEIGHBORHOOD CHILD DEVELOPMENT CENT  
ER, INC.

Principal Place of Business

150 S. WASHINGTON ST.  
ORMOND BEACH FL 32174-6424

Mailing Address

150 S. WASHINGTON ST.  
ORMOND BEACH FL 32174-6424



3. Date Incorporated or Qualified  
12/01/1969

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1281267

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

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 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME JACKSON, ANDY  
STREET ADDRESS 1618 3RD ST.  
CITY-ST-ZIP DAYTONA BEACH FL ☒ DELETE

TITLE VP  
NAME DUBOIS, ROBERT  
STREET ADDRESS 50 RIVERSHORE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL ☒ DELETE

TITLE SD  
NAME NEWBY, JOANNE  
STREET ADDRESS 25 HUMMINGBIRD LANE  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE D  
NAME WHITE, DOROTHA  
STREET ADDRESS 1412 CADILLAC DR.  
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

TITLE T  
NAME EVANS, DINA  
STREET ADDRESS 1680 OCEANSHORE DR.  
CITY-ST-ZIP ORMOND BEACH FL ☒ DELETE

TITLE VP  
NAME EVANS, GREG  
STREET ADDRESS 1680 OCEANSHORE DR.  
CITY-ST-ZIP ORMOND BEACH FL ☒ DELETE

1 NAME P  
2 NAME GREG EVANS  
3 STREET ADDRESS 152 ROBERTA ROAD  
4 CITY-ST-ZIP ORMOND BEACH, FL 32176 ☐ Change ☐ Addition

2 NAME VP  
3 NAME PEARSON, ANTHONY  
4 STREET ADDRESS 111 ROBLE LANE  
5 CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Change ☐ Addition

3 NAME SD  
4 NAME NEWBY, JOANNE  
5 STREET ADDRESS 25 HUMMINGBIRD LANE  
6 CITY-ST-ZIP ORMOND BEACH, FL 32117 ☐ Change ☐ Addition

4 NAME D  
5 NAME WHITE, DOROTHA  
6 STREET ADDRESS 1412 CADILLAC DR.  
7 CITY-ST-ZIP DAYTONA BEACH, FL 32117 ☐ Change ☐ Addition

5 NAME T  
6 NAME JAMES DANIELS  
7 STREET ADDRESS 422 NORTH FREDERICK ST  
8 CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Change ☐ Addition

6 NAME VP  
7 NAME EAMES, ANN  
8 STREET ADDRESS 3011 ANCHOR DR.  
9 CITY-ST-ZIP ORMOND BEACH, FL 32176 ☐ Change ☐ Addition

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:

*Dorothy White* Director

5/23/96

904-677-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)