


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717644 (9) 1. Corporation Name ORMOND BEACH NEIGHBORHOOD CHILD DEVELOPMENT CENTER, 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/01/1969	
				3a. Date of Last Report 05/28/1996	
				4. FEI Number 59-1281267	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WHITE, DOROTHA JEAN 1412 CADILLAC DR. DAYTONA BCH FL 32014			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		
I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	EVANS, GREG				
STREET ADDRESS	152 ROBERTA ROAD				
CITY-ST-ZIP	ORMOND BEACH FL				
TITLE	VP <input checked="" type="checkbox"/> DELETE				
NAME	PEARSON, ANTHONY				
STREET ADDRESS	111 ROBLE LANE				
CITY-ST-ZIP	ORMOND BEACH FL				
TITLE	SD <input checked="" type="checkbox"/> DELETE				
NAME	NEWBY, JOANNE				
STREET ADDRESS	25 HUMMINGBIRD LANE				
CITY-ST-ZIP	ORMOND BEACH FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WHITE, DOROTHA				
STREET ADDRESS	1412 CADILLAC DR.				
CITY-ST-ZIP	DAYTONA BEACH FL				
TITLE	T <input type="checkbox"/> DELETE				
NAME	DANIELS, JAMES				
STREET ADDRESS	422 NORTH FREDERICK ST				
CITY-ST-ZIP	DAYTON BEACH FL				
TITLE	VP <input checked="" type="checkbox"/> DELETE				
NAME	EAMES, ANN				
STREET ADDRESS	3011 ANCHOR DR				
CITY-ST-ZIP	ORMOND BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	VP				
2.3 STREET ADDRESS	SOLOMON, CHARLENE				
2.4 CITY-ST-ZIP	10 ARBOR LAKE PARK ORMOND BEACH, FL 32174				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	SD				
3.3 STREET ADDRESS	ALBERTA GREENE				
3.4 CITY-ST-ZIP	13 CHOCTAW TRAIL ORMOND BEACH, FL 32174				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do 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.

CR2E037 (9/96)