

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
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1969	3a. Date of Last Report 05/28/1996
21	22	23	24	4. FEI Number 59-1281267	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	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				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

I, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, GREG		1.2 NAME				
STREET ADDRESS	152 ROBERTA ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PEARSON, ANTHONY		2.2 NAME				
STREET ADDRESS	111 ROBLE LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NEWBY, JOANNE		3.2 NAME				
STREET ADDRESS	25 HUMMINGBIRD LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DANIELS, JAMES		5.2 NAME				
STREET ADDRESS	422 NORTH FREDERICK ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTON BEACH FL		5.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EAMES, ANN		6.2 NAME				
STREET ADDRESS	3011 ANCHOR 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 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)