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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717644

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/01/1969

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

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

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

TITLE P
NAME EVANS, GREG
STREET ADDRESS 152 ROBERTA ROAD
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

TITLE VP
NAME SOLOMON, CHARLENE
STREET ADDRESS 10 ARBOR LAKE PARK
CITY-ST-ZIP ORMOND BEACH FL

☐ DELETE

TITLE SD
NAME GREENE, ALBERTA
STREET ADDRESS 13 CHOCTAW TRAIL
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 DANIELS, JAMES
STREET ADDRESS 422 NORTH FREDERICK ST
CITY-ST-ZIP DAYTONA BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME DANIELS, JAMES
1.3 STREET ADDRESS 422 NORTH FREDERICK
1.4 CITY-ST-ZIP DAYTONA BEACH FL 32114

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME GERI R. NEWMAN
3.3 STREET ADDRESS 1204 10th ST
3.4 CITY-ST-ZIP HOLLY HILL, FL 32117

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE T
5.2 NAME ALBERTA GREENE
5.3 STREET ADDRESS 13 CHOCTAW TRAIL
5.4 CITY-ST-ZIP ORMOND BEACH FL 32174

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

904-677-8093

Daytime Phone #

CR2E037 (1/98)