FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 719558 (9)

1. Corporation Name

BABY GATOR CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
BUILDING #293. VILLAGE DRIVE UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	BUILDING #293. VILLAGE DRIVE UNIVERSITY OF FLORIDA GAINESVILLE FL 32611

3. Date Incorporated or Qualified: 10/21/1970
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1291260 ☐ 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

LANGLOIS, DEBRA
100 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

81 Name: Ruth A. Elswood
82 Street Address (P.O. Box Number is Not Acceptable): Bldg. 293, Village Drive
83
84 City: Gainesville FL 85 Zip Code: 32611

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: Ruth A. Elswood — DATE: 3/5/96
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	D	☒ DELETE	1.1 TITLE	☐ Change	☑ Addition
NAME	MAHLIOS, MARC		1.2 NAME	Elswood, Ruth	
STREET ADDRESS	258 NORMAN HALL, UNIV. OF FLORIDA		1.3 STREET ADDRESS	Bldg. 293, Village Drive	
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP	Gainesville, FL 32611	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LANGLOIS, DEBRA		2.2 NAME		
STREET ADDRESS	100 NORMAN HALL, UNIV. OF FLORIDA		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 0		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	POPPELL, JOHN E		3.2 NAME		
STREET ADDRESS	204 TIGERT HALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 0		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

800001736168
-03/11/96--01009--003
***61.25

CR2E037 (12/95)

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: Ruth A Elswood — 3/5/96.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #