2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90018 038 ****61.25

DOCUMENT # 719558

1. Entity 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

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1291260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLESMIT, KATHY
BLDG. 293, VILLAGE DRIVE
GAINESVILLE, FL 32611

7. Name and Address of New Registered Agent

Name PAMELA J. PALLAS
Street Address (P.O. Box Number is Not Acceptable) BLDG 293 VILLAGE DR.
City GAINESVILLE FL Zip Code 32611

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept t

SIG Pamela J Pallas PAMELA J. PALLAS Director 4-15-04
pplicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLESMIT, KATHY BLDG 293, VILLAGE DRIVE GAINESVILLE, FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAMELA J. PALLAS BLDG 293 VILLAGE DR. GAINESVILLE FL 32611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR DEUTSCH, LARRY 186 NORMAN HALL, UNIV. OF FLORIDA GAINESVILLE, FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Dotti Delfino T/D 186 Norman Hall Univ of Florida Gainesville FL 32611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR JONES, HAZEL G315 NORMAN HALL, UNIVER. OF FLORIDA GAINESVILLE, FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/O Kristen Kemple 2207 Norman Hall Univ. of Florida Gainesville FL 32611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR SMITH-BONAHUE, TINA 1403 NORMAN HALL GAINESVILLE, FL 32611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/D Sharen Halsall 2403 Norman Hall Univ. of FL Gainesville FL 32611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Dodi Alexander 101 S. Newell Dr. Gainesville FL 32610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela J Pallas DIRECTOR PAMELA J. PALLAS 4-15-04 352-392-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #