


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 007 ****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**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)
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
**PALLAS, PAMELA J
BLDG. 293, VILLAGE DR.
GAINESVILLE FL 32611**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE NAME D PALLAS, PAMELA J	<input type="checkbox"/> Delete
STREET ADDRESS BLDG. 293 VILLAGE DR.	
CITY-ST-ZIP GAINESVILLE FL 32611	
TITLE NAME TD DELFINO, DOTTI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 186 NORMAN HALL UNIV. OF FLA.	
CITY-ST-ZIP GAINESVILLE FL 32611	
TITLE NAME CD KEMPLE, KRISTEN	<input type="checkbox"/> Delete
STREET ADDRESS 2207 NORMAN HALL UNIV. OF FLA.	
CITY-ST-ZIP GAINESVILLE FL 32611	
TITLE NAME VCD HALSALL, SHAREN	<input type="checkbox"/> Delete
STREET ADDRESS 2403 NORMAN HALL, UNIV. OF FLA	
CITY-ST-ZIP GAINESVILLE FL 32611	
TITLE NAME SD ALEXANDER, DUDI	<input type="checkbox"/> Delete
STREET ADDRESS 101 S NEWELL DR.	
CITY-ST-ZIP GAINESVILLE FL 32610	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME TD MARCIA MARWEDE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 186 NORMAN HALL U OF F.	
CITY-ST-ZIP GAINESVILLE FL 32611	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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* **4-6-05** **352 392-2330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #