## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#719558** 

Apr 13, 2006 Secretary of State

Entity Name: BABY GATOR CHILD CARE CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

BUILDING #293, VILLAGE DRIVE UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611

**Current Mailing Address: New Mailing Address:** 

BUILDING #293, VILLAGE DRIVE UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611

FEI Number: 59-1291260 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALLAS, PAMELA J BLDG. 293, VILLAGE DR. GAINESVILLE, FL 32611 US

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.

SIGNATURE:

## Electronic Signature of Registered Agent

## Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition PALLAS, PAMELA J PALLAS, PAMELA J Name: Name: BLDG. 293 VILLAGE DR. Address: 143 SW CYPRESSWOOD GLEN Address: LAKE CITY, FL 32025

City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition MARWEDE, MARCIA Name: MARWEDE, MARCIA Name:

Address: 186 NORMAN HALL UNIV. OF FLA. Address: 5231 SW 86TH TERRACE City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete Title: CD (X) Change ( ) Addition

KEMPLE, KRISTEN KETTERSON, TIMOTHY Name: Name: 2207 NORMAN HALL UNIV. OF FLA. Address: Address: **6810 SW 80TH DRIVE** City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32608

Title: VCD ( ) Delete Title: VCD (X) Change ( ) Addition

Name: HALSALL, SHAREN Name: KRISTEN, KEMPLE 2403 NORMAN HALL, UNIV. OF FLA Address: Address: 4147 NW 62ND AVE City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete Title: (X) Change ( ) Addition

ALEXANDER, DUDI ALEXANDER, DORIS Name: Name: 101 S NEWELL DR. 1722 SW 76TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32610 City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA J. PALLAS D 04/13/2006