

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 034 ****61.25

DOCUMENT # 719558

1. Entity Name
BABY GATOR CHILD CARE CENTER, INC.



Principal Place of Business
**BUILDING #293, VILLAGE DRIVE
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611**

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

60025991



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1291260

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☐ Delete
NAME **D**
STREET ADDRESS **PALLAS, PAMELA J**
CITY-ST-ZIP **143 SW CYPRESSWOOD GLEN
LAKE CITY, FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MARWEDE, MARCIA**
CITY-ST-ZIP **5231 SW 86TH TERRACE
GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **KETTERSON, TIMOTHY**
CITY-ST-ZIP **6810 SW 80TH DRIVE
GAINESVILLE, FL 32608**

TITLE ☒ Change ☐ Addition
NAME **CD**
STREET ADDRESS **DEBRA HARRIS**
CITY-ST-ZIP **2 15 NW 14th Pl
Gainesville FL 32605**

TITLE ☒ Delete
NAME **VCD**
STREET ADDRESS **KRISTEN, KEMPLE**
CITY-ST-ZIP **4147 NW 62ND AVE
GAINESVILLE, FL 32608**

TITLE ☒ Change ☐ Addition
NAME **VCD**
STREET ADDRESS **KETTERSON, TIMOTHY**
CITY-ST-ZIP **6810 SW 80th Dr.
Gainesville FL 32608**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **ALEXANDER, DORIS**
CITY-ST-ZIP **1722 SW 76TH TERRACE
GAINESVILLE, FL 32607**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **ELLIS, Stacy**
CITY-ST-ZIP **4406 SW Archer Rd #403
Gainesville FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela Pallas **Pamela Pallas** **3-7-07**