

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720199**

1. Entity Name  
**CHILD DEVELOPMENT CENTER, INC.**



Principal Place of Business

3955 RED BUG RD.  
CASSELBERRY, FL 32707

Mailing Address

3955 RED BUG RD.  
CASSELBERRY, FL 32707

**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-1353029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MARK R  
319 WOODLEAF DRIVE  
WINTER SPRINGS, FL 32708

**DO NOT WRITE  
IN THIS SPACE**

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 \$81.25**  
**Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
BROWN, MARK R  
319 WOODLEAF DR  
WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PESCE, LOUIS  
1311 W WEBSTER ST  
WINTER PARK, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BAHILL, MARGE  
319 WOODLEAF DR.  
WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000568017  
07/06/06-80005-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*MARK R. BROWN* **MARK R. BROWN**

7/3/06

407-699-9502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #