

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721109 (7)

1. Corporation Name

KIDDIE-LAND DAY CARE CENTER, INCORPORATION



Principal Place of Business

Mailing Address

327 S ADAM ST
QUINCY FL 32351

327 S ADAM ST
QUINCY FL 32351

3. Date Incorporated or Qualified

06/04/1971

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 327 S. Adam St.

26 327 S. Adam St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Quincy, Florida

27

City & State

28 Quincy, Fla.

23 32351

Zip

Country

Zip

Country

24 25 Gadsden

29 32351 30 Gadsden

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, CORINE B., MRS.
332 S SHADOW ST
QUINCY FL 32351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Corine B. Palmer / Corine B. Palmer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAMPBELL, EDMUND
STREET ADDRESS 524 SOUTH MAIN ST.
CITY - ST - ZIP QUINCY FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE D
NAME MCCLLOUD, BLOSSIE M., MRS.
STREET ADDRESS RT. 5, BOX 207Q
CITY - ST - ZIP QUINCY FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE S
NAME PALMER, CORINE B. M
STREET ADDRESS 332 S SHADOW ST
CITY - ST - ZIP QUINCY FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE D
NAME COLLINS, ONEIDA B., MRS.
STREET ADDRESS 3332S. SHADOW ST.
CITY - ST - ZIP QUINCY FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE T
NAME PALMER-DOUGLAS, LINDA
STREET ADDRESS RT 6 BOX 452
CITY - ST - ZIP QUINCY FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE D
NAME PALMER, RODERICK G
STREET ADDRESS RT 6 BOX 492
CITY - ST - ZIP QUINCY FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Corine B. Palmer Corine B. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

Date

904-627-9054

Daytime Phone #

CR2E037 (12/95)