FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:41

DOCUMENT # 722273 (0)

1. Corporation Name
UNITED CHILD CARE, INC.

Principal Place of Business	Mailing Address
801 SOUTH YONGE STREET ORMOND BEACH FL 32174	801 SOUTH YONGE STREET ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1971
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1368567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEPPARD, JO
801 SOUTH YONGE STREET
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jo Sheppard JO SHEPPARD, EXECUTIVE DIRECTOR 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CLUKEY, MARY	1.2 NAME		
STREET ADDRESS	46 MACARIS STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCALLASTER, JOE	2.2 NAME		
STREET ADDRESS	1 ROLLINGWOOD TRAIL	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	QUELLO, KIM	3.2 NAME	CALVIN SLOAN	
STREET ADDRESS	25 COCHISE COURT	3.3 STREET ADDRESS	428 A STREET	
CITY-ST-ZIP	PALM COAST FL 32174	3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ACER, DON	4.2 NAME		
STREET ADDRESS	881 NORTH BEACH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEET, LOUIS	5.2 NAME		
STREET ADDRESS	142 RIVERBEACH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LAWTON, DOROTHY	6.2 NAME		
STREET ADDRESS	928 SOUTH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114	6.4 CITY-ST-ZIP		

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)(i), 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: Mary Clukey MARY CLUKEY, PRESIDENT 1/26/95 (904) 824-0649
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0024302