

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90020 025 ****70.00

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DOCUMENT # 722273

1. Corporation Name

UNITED CHILD CARE, INC.

Principal Place of Business

**801 SOUTH YONGE STREET
ORMOND BEACH FL 32174**

Mailing Address

**801 SOUTH YONGE STREET
ORMOND BEACH FL 32174**



2. Principal Place of Business

21 230 N. Beach St. 2nd Floor

Suite, Apt. #, etc.

22

City & State

23 Daytona Beach, Florida

Zip

24 32114

Country

25 USA

2a. Mailing Address

26 230 N. Beach St. 2nd Floor

Suite, Apt. #, etc.

27

City & State

28 Daytona Beach, Florida

Zip

29 32114

Country

30 USA

3. Date Incorporated or Qualified

12/15/1971

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**

9. Name and Address of Current Registered Agent

**SHEPPARD, JO
801 SOUTH YONGE STREET
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

Sheppard, Jo

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

230 N. Beach St. - 2nd Floor

83

84 City

Daytona Beach

FL

85 Zip Code
32114

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

Jo Sheppard, Jo SHEPPARD, EXECUTIVE DIRECTOR 1/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **SHARP, WINIFRED J HONORAB**
STREET ADDRESS **5TH DIS. CT. OF AP. 300 S BEACH ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ DELETE

NAME **MCALLASTER, JOE**
STREET ADDRESS **1 ROLLINGWOOD TRAIL**
CITY-ST-ZIP **DELAND FL**

TITLE **TS** ☒ DELETE

NAME **GAINOUS, PATRICIA D**
STREET ADDRESS **213 S CAROLINE ST**
CITY-ST-ZIP **DATYONA BEACH FL 32113**

TITLE **PD** ☐ DELETE

NAME **ACER, DON**
STREET ADDRESS **881 NORTH BEACH ST**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☒ DELETE

NAME **SWEET, LOUIS**
STREET ADDRESS **142 RIVERBEACH STREET**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Sharp, Winifred J. Honorable**
1.3 STREET ADDRESS **5th Dis.Ct. of AP. 300 S. Beach St.**
1.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Quello, Kim**
2.3 STREET ADDRESS **25 Cochise Court**
2.4 CITY-ST-ZIP **Palm Coast, FL 32137**

3.1 TITLE **ST** ☐ Change ☒ Addition

3.2 NAME **Ritchey, Cynthia R.**
3.3 STREET ADDRESS **59 Daggett Cove**
3.4 CITY-ST-ZIP **Ponce Inlet, FL 32127**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Acer, Don**
4.3 STREET ADDRESS **881 North Beach St.**
4.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Winifred J. Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)