FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723653** **(2)**

1. Corporation Name
EARLY CHILDHOOD SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
450 JENKS AVE. PANAMA CITY FL 32401	450 JENKS AVE. PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 06/13/1972
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1376048 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHYLLIS K. KALIFEH 1512 SANTA ANITA DRIVE LYNN HAVEN FL 32444	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LAPENSOHN, CAROLE	1.2 NAME	Dr. Milton Acton
STREET ADDRESS	5230 W HWY 98	1.3 STREET ADDRESS	1606 Lindenwood Drive
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	ACTON, DR. MILTON	2.2 NAME	Jeannette Chapman
STREET ADDRESS	1606 LINDENWOOD DR	2.3 STREET ADDRESS	3412 Robinson Bayou Circle
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, ANITA	3.2 NAME	
STREET ADDRESS	819 E 11 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T ☐ Change ☒ Addition
NAME	BALBONI, PAT	4.2 NAME	Don Henzlik
STREET ADDRESS	300 S. FIFTH ST.	4.3 STREET ADDRESS	1602 New Hampshire Avenue
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, THOMAS F	5.2 NAME	
STREET ADDRESS	300 E 4TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	Carole Lapensohn
STREET ADDRESS		6.3 STREET ADDRESS	5230 W. Hwy. 98
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Panama City, FL 32401

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: Milton Acton — April 19, 1995 — (904) 785-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008444

723653

Early Childhood Services, Inc.

"Educating with Love"

HEAD START PROGRAM ■ SUBSIDIZED CHILD CARE
PARENT & CAREGIVER TRAINING ■ CHILD CARE RESOURCE & REFERRAL

ADDITIONAL EARLY CHILDHOOD SERVICES DIRECTORS

Dr. Rory Bedford
3016 Lawton Court
Panama City, FL 32405

Pat Clemons
1005 Buena Vista Blvd.
Panama City, FL 32401

Jimmy Hughes
1012 Goose Bayou Rd.
Lynn Haven, FL 32444

Lynn Keen
2997 Russ Street
Marianna, FL 32446

Clinton Mayo
2916 Fairmont Drive
Panama City, FL 32405

Lurina Tibbs
527 Elm Avenue
Panama City, FL 32401