

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **723653** (2)

1. Corporation Name

EARLY CHILDHOOD SERVICES, INC.



Principal Place of Business

Mailing Address

**450 JENKS AVE.
PANAMA CITY FL 32401**

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PANAMA CITY FL 32401**

3. Date Incorporated or Qualified
06/13/1972

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1376048

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

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 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

Signature, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **ACTON, MILTON D**
CITY-ST-ZIP **1606 LINDENWOOD DRIVE**
PANAMA CITY FL

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **CHAPMAN, JEANNETTE**
CITY-ST-ZIP **3412 ROBINSON BAYOU CIRCLE**
PANAMA CITY FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GOODMAN, ANITA**
CITY-ST-ZIP **819 E 11 ST**
PANAMA CITY FL

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **HENZLIK, DON**
CITY-ST-ZIP **1602 NEW HAMPSHIRE AVENUE**
LYNN HAVEN FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WELCH, THOMAS F**
CITY-ST-ZIP **300 E 4TH ST**
PANAMA CITY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LAPENSOHN, CAROLE**
CITY-ST-ZIP **5230 W. HWY. 98**
PANAMA CITY FL

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

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

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

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

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

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

P ☒ Change ☐ Addition
Acton, Milton E
1606 Lindenwood Drive
Panama City, FL

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition
T
Harold McLeod
1105 Lisenby Avenue
Panama City, FL 32401

☐ Change ☐ Addition

☐ 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:

Milton Acton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1996

Date

872-4750

Daytime Phone #

CR2E037 (12/95)