


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723653 (2)**  
1. Corporation Name  
**EARLY CHILDHOOD SERVICES, INC.**

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

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



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

3. Date Incorporated or Qualified	<b>06/13/1972</b>
4. FEI Number	<b>59-1376048</b>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PHYLLIS K. KALIFEH  
1512 SANTA ANITA DRIVE  
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPMAN, JEANNETTE</b>	
STREET ADDRESS	<b>3412 ROBINSON BAYOU CIR</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIMES, BILL</b>	
STREET ADDRESS	<b>P.O. BOX 127 N/A</b>	
CITY - ST - ZIP	<b>GRACEVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODMAN, ANITA</b>	
STREET ADDRESS	<b>819 E 11 ST</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLEOD, HAROLD</b>	
STREET ADDRESS	<b>1105 LIENBY AVENUE</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ACTON, MILTON E</b>	
STREET ADDRESS	<b>1606 LINDENWOOD DR</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAPENSOHN, CAROLE</b>	
STREET ADDRESS	<b>5230 W. HWY. 98</b>	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WIMBERLY, MARK</b>	
2.3 STREET ADDRESS	<b>1230 E. 15TH STREET</b>	
2.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32401</b>	
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JANICE (JAY) HALL</b>	
3.3 STREET ADDRESS	<b>807 BUENA VISTA BOULEVARD</b>	
3.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32401</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MAYO, CLINTON</b>	
4.3 STREET ADDRESS	<b>2916 FAIRMONT DRIVE</b>	
4.4 CITY - ST - ZIP	<b>PANAMA CITY, FL 32405</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sandra B. Chapman* 4/17/98 (850) 785-2767

CR2E037 (10/97)



# Early Childhood Services, Inc.

*"Nurture the Future"*

450 Jenks Avenue  
Panama City, FL 32401  
850 / 872-7550  
1-800-768-8316  
FAX 850 / 769-1066

Phyllis K. Kalifeh

## Board Of Directors

Jeannette Chapman

President

Bill Rimes

Vice President

Janice (Joy) Hall

Secretary

Harold McLeod

Treasurer

Anita Goodman

Marie Marshall

Clinton Mayo

Mark Wimberly

Lurina Tibbs

Carmen Basil

Patti Smith

Mike Jones

Carole Lapensohn

Dr. Milton Acton

## Satellite Offices:

Jackson & Calhoun Co.

2869 St. Claire St.

Marianna, FL 32448

850/482-9140

Washington & Holmes Co.

206-A East Railroad Ave.

Chipley, FL 32428

850/638-6343

Gulf & Franklin Co.

201 Monument Ave.

Port St. Joe, FL 32456

850/229-6854

## Educational Centers:

Early Education Head Start

1241 N. East Ave.

Panama City, FL 32401

Massalina Head Start

806 Frank Nelson Drive

Panama City, FL 32401

Vetter Head Start

709 E. 7th St.

Panama City, FL 32401

Bayou George Head Start

8332 Hudson Road

Panama City, FL 32404

850/722-0784

Graceville Child

Development Center

5224 Brown St.

Graceville, FL 32440

850/263-0600

## 1998 BOARD OF DIRECTORS

### ADDITIONAL BOARD MEMBERS:

CARMEN BASIL

1222 E. 13TH COURT

ANITA GOODMAN

509 E. 9TH STREET

PANAMA CITY, FL 32401

MIKE JONES

2715 HILLSBORO AVENUE

PANAMA CITY, FL 32405

MARIE MARSHALL

66 AVENUE D

APALACHICOLA, FL 32320

HAROLD MCLEOD

2304 FOXWORTH DRIVE

PANAMA CITY, FL 32405

PATTI SMITH

3208 COUNTY CLUB DRIVE

LYNN HAVEN, FL 32444

LURINA TIBBS

527 ELM AVENUE

PANAMA CITY, FL 32401



Head Start Program • Subsidized Child Care • Employer Solutions  
Parent & Caregiver Training • Child Care Resource & Referral • Teen Pregnancy Prevention

