

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90014 018 ****61.25

DOCUMENT # 723653

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		3. Date Incorporated or Qualified	
21		26		06/13/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1376048	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, JEANNETTE	1.2 NAME	Janice (Jay) Cluxton Hall
STREET ADDRESS	3412 ROBINSON BAYOU CIR	1.3 STREET ADDRESS	807 Buena Vista Blvd.
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, MARK	2.2 NAME	
STREET ADDRESS	1230 E 15TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, JANICE (JAY)	3.2 NAME	Scott Clemons
STREET ADDRESS	807 BUENA VISTA BLVD	3.3 STREET ADDRESS	405 Oak Avenue
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, CLINTON	4.2 NAME	
STREET ADDRESS	2916 FAIRMONT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACTON, MILTON E	5.2 NAME	Jeannette Chapman
STREET ADDRESS	1606 LINDENWOOD DR	5.3 STREET ADDRESS	3412 Robinson Bayou Circle
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPENSOHN, CAROLE	6.2 NAME	Marie Marshall
STREET ADDRESS	5230 W. HWY. 98	6.3 STREET ADDRESS	66 Avenue D
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	Apalachicola, FL 32320

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 763-4451

CR2E037 (1/98)