FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:15

DOCUMENT # 724462 (7)

1. Corporation Name
CHILD CARE AND DEVELOPMENT CENTER, INC

Principal Place of Business	Mailing Address
312 NORTH DUSS STREET NEW SMYRNA BEACH FL 32168	312 NORTH DUSS STREET NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1972
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1422942 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ELOIS M. JOHNSON
312 N.DUSS STREET
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SERVICE, DOROTHY	1.2 NAME	
STREET ADDRESS	129 VIA BENEVENTO	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MUHONEN, NEIL(REC-SEC)	2.2 NAME	
STREET ADDRESS	27 FAIRWAY CRCL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MUHONEN, MAHEL	3.2 NAME	
STREET ADDRESS	716 GREEN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ELOIS, JOHNSON	4.2 NAME	
STREET ADDRESS	312 N DUSS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MONTEZ, JAMES	5.2 NAME	
STREET ADDRESS	828 ENTERPRISE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☑ Change ☐ Addition
NAME	KROFIC, RUDY	6.2 NAME	Donald Davis
STREET ADDRESS	716 GREEN RD	6.3 STREET ADDRESS	312 N. Causeway
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	6.4 CITY-ST-ZIP	New Smyrna Bch, FL. 32167

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)(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: Elois M. Johnson Elois M. Johnson 2/8/95 428-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024100

CHILD CARE & DEVELOPMENT CENTER

312 N. DUSS STREET
NEW SMYRNA BEACH, FLORIDA 32069

PHONE: 904/428-4131

BOARD OF DIRECTORS 1995

PRESIDENT
Dorothy Service
129 Via Benevento
N S Beach, Fl.32170/423-4666

VICE PRESIDENT
Montez James
828 Enterprise St.
NS Beach, Fl.32168/428-9976

RECORDING SECRETARY
Neil Muhonen
27 Fairway Circle
NS Beach, Fl 32168/428-9471

TREASURER
Donald Davis
312 North Causeway
NS Beach, Fl. 32169/424-9068

CORRESPONDING SECRETARY
Mabel krofic
716 Green Rd
NS Beach, Fl. 32168/428-3200

DIRECTOR
Elois Johnson
312 N. Duss Street
Ns Beach, Fl. 32168
428-4131 Hm. 427-7460

Virginia Arnau
P. O. Box 907
NS Beach, Fl. 23168/427-2633

Rudy krofic
716 Green Road
New Smyrna Bch. Fl. 32168/428-3200

Peggy Wolsfelt
115 Washington Street
New Smyrna Bch., Fl. 32168/427-2251

Mary Harrell
453 Oak Street
NS Beach Fl. 32168/428-6225

Jeffery Gove
6695 Engram Rd.
NS Beach, Fl. 32169
427-0014/427-0694

Dru Synal
117 Lake Fairgreen Circle
NS Beach, Fl. 32168/428-1345