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 # **724462** **(7)**

1. Corporation Name

CHILD CARE AND DEVELOPMENT CENTER, INC

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

3. Date Incorporated or Qualified: **10/02/1972**

3a. Date of Last Report: **02/13/1995**

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

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	26 312 North Duss street
Suite, Apt. #, etc. 22 New Smyrna Beach	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach	City & State 28 New Smyrna Bch, FL.
Zip 24 32168 Country 25 USA	Zip 29 32168 Country 30 USA

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 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 Elois M Johnson DATE

Signature, typed or printed name of registered agent as applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DONALD		6.2 NAME		
STREET ADDRESS	312 N CASSEWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		6.4 CITY-ST-ZIP		

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: Dorothy M. Service 2-9-96 904-428-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

CHILD CARE & DEVELOPMENT CENTER
Board of Directors 1995 –1996

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

VICE PRESIDENT
Montez James
928 Enterprise St.
N.S, Beach, Fl. 32168/428 9976

RECORDING SECRETARY
Nell Muhonen
27 Fairway Circle
N.S.B., Fl.32168/428 9471

TREASURER
Don Davis
315 N. Causeway
N.S. Beach, Fl. 32168 /424 9068

CORRESPONDING SECRETARY
Mabel Muhonen
716 Green Rd.
N.S. Beach, Fl. 32168/428-3200

DIRECTOR
Elois Johnson
312 N. Duss St.
N. S. Beach, Fl. 32168/ 428 4131
Home 427 7460

Jeffery Gove
6695 Engram Rd.
N.S. Beach. Fl. 32169
427 0014 / 427 0694

Mary Harrell
453 Oak St.
N.S. Beach, Fl. 32168/428 6225

Fr. Mark Knoll C S S R
318 N. Riverside Dr.
N. S. Beach, Fl. 32168/ 428 6481

Rudy Krolic
716 Green Rd.
N.S. B 32168 428-3200

Dru Synal
117 Lake Fairgreen Circle
N.S.B. Fl.32168/428-1345

Peggy Wolsfelt
115 Washington St.
N.S.B., Fl. 32168/ 427 2251

Edward Meeks
1511 Beacon Street
New Smyrna Bch, Fl. 32169/426-6486

Marianne Sands
818 Daughtery Street
New Smyrna Beach, Fl. 32168/427-676

Fr. Mack Knoll CSSR
318 Riverside Drive
New Smyrna Bch., Fl.32168/428-6481