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# FILED
# Feb 13 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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<br>NEW SMYRMA BEACH FL 32168<br>US | 312 NORTH DUSS STREET<br>NEW SMYRMA BEACH FL 32168 |

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No NA

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 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 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 _____ 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 | ☐ 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 | KROFIC MABEL | | 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 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:** _____ 2/6/98

CR2E037 (10/97)

CHILD CARE AND DEVELOPMENT CENTER, INC.

BOARD OF DIRECTORS 1997 – 98

PRESIDENT

DOROTHY SERVICE
129 VIA BENEVENTO
N.S BEACH, FL. 32170
423-4666

MARIANNE SANDS
818 DOUGHTERTY
N.S.BEACH, FL. 32168
423-6760

VICE PRESIDENT
MONTEZ JAMES
828 ENTERPRISE ST
N.S BEACH, FL. 32168
428-9976

RUDOLF KROFIC
716 GREEN RD.
N.S.BEACH, FL. 32168.
4283200

RECORDING SECRETARY
NEIL MULIONEN
27 FAIRWAY CIRCLE
N.S BEACH FL. 32168
428-9471

DRU SYNAL
117 FAIRGREEN CIRCLE
N.S.BEACH,FL. 32168
428-1345

TREASURER
DON DAVIS
315 N. CAUSEWAY-405B
N.S.BEACH, FL.32169
424-9068

JEFFERY GOVE
6695 ENGRAM RD.
N.S.BEACH, FL, 32169
427-0441 BUS 427-0694

CORRESPONDING SECRETARY
MABEL KROFIC
716 GREEN RD
N.S.BEACH, FL. 32168
4283200

MARY HARRELL
453 OAK STR.
N.S.BEACH, FL. 32168.
428-6225

DIRECTOR
ELOIS JOHNSON
312 N. DUSS
N.S.BEACH, FL. 32168
428-4131

ED. MEEKS
1812 BEACON ST
N.S.BEACH, FL. 32169
426-6486