


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90056 012 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 724462 | | | | | |
| 1. Corporation Name CHILD CARE AND DEVELOPMENT CENTER, INC | | | | | |
| Principal Place of Business 312 NORTH DUSS STREET NEW SMYRNA BEACH FL 32168 US | | | Mailing Address 312 NORTH DUSS STREET NEW SMYRNA BEACH FL 32168 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 10/02/1972 4. FEI Number 59-1422942 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 85 Zip Code FL | | |
| 11. Pursuant to the provisions of Sections 617.0503 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 <i>Elois M. Johnson</i> DATE <i>2/1/99</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME PD SERVICE, DOROTHY STREET ADDRESS 129 VIA BENEVENTO CITY-ST-ZIP NEW SMYRNA BCH FL | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME SD MUHONEN, NEIL(REC-SEC) STREET ADDRESS 27 FAIRWAY CRCL CITY-ST-ZIP NEW SMYRNA BCH FL | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME SD KROFIC MABEL STREET ADDRESS 716 GREEN RD CITY-ST-ZIP NEW SMYRNA BCH FL | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME D ELOIS, JOHNSON STREET ADDRESS 312 N DUSS ST. CITY-ST-ZIP NEW SMYRNA BCH FL | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME V MONTEZ, JAMES STREET ADDRESS 828 ENTERPRISE ST CITY-ST-ZIP NEW SMYRNA BCH FL | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME T DAVIS, DONALD STREET ADDRESS 312 N CASSEWAY CITY-ST-ZIP NEW SMYRNA BCH FL | | | 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, with all other like empowered.

SIGNATURE: *Dorothy M. Service* 2-1-99 (904) 428-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *PD SERVICE, DOROTHY* Date Daytime Phone #

CR2E037 (11/98)

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BOARD OF DIRECTORS 1998

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 MUHONEN
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