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

APPROVED AND FILED

1995 APR 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724582 (2)

1. Corporation Name

ORGANIZATIONS' COMMITTEE FOR DAY CARE, INC.

Principal Place of Business	Mailing Address
3625 FOWLER STREET FT MYERS FL 33901	3625 FOWLER STREET FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1972

3a. Date of Last Report: 04/08/1994

4. FEI Number: 23-7249018 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

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

9. Name and Address of Current Registered Agent

HEDGE, SUSAN L
3406 PALM BEACH BLVD.
FT MYERS FL 33916

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	11 TITLE	D ☐ Change ☐ Addition
NAME	POE, ANN M	12 NAME	Poe, Ann M.
STREET ADDRESS	1201 CAPE CORAL PARKWAY	13 STREET ADDRESS	1201 Cape Coral Parkway
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VD	21 TITLE	D ☐ Change ☐ Addition
NAME	HEDGE, SUSAN	22 NAME	Hedge, Susan L.
STREET ADDRESS	3406 PALM BEACH BLVD	23 STREET ADDRESS	3406 Palm Beach Blvd.
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	TSD	31 TITLE	D ☐ Change ☐ Addition
NAME	GIRARDIN, VIRGINIA S.	32 NAME	Girardin, Virginia S.
STREET ADDRESS	1668 MENLO RD.	33 STREET ADDRESS	1668 Menlo Rd.
CITY-ST-ZIP	FT.MYERS FL	34 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Susan L Hedge March 15, 1995 (813) 278-1005
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0058080