

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **728679** (2)
1. Corporation Name
PARENT CHILD CARE CENTER, INC.



Principal Place of Business: 1742 MARTIN LUTHER KING JR. WAY SARASOTA FL 34234
Mailing Address: 1742 MARTIN LUTHER KING JR. WAY SARASOTA FL 34234

3. Date Incorporated or Qualified: 01/30/1974
3a. Date of Last Report: 04/19/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1386326	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, PRECIOUS 2724 24TH ST. SARASOTA FL 34234				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, VICTOR		1.2 NAME				
STREET ADDRESS	3033 GILLESPIE AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THOMAS, PRECIOUS		2.2 NAME				
STREET ADDRESS	2724 24TH ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00000		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GANDY, LYNN		3.2 NAME				
STREET ADDRESS	1803 EUCLID AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HILL, CHARLES REV.		4.2 NAME				
STREET ADDRESS	1659 22ND ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00000		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ECHOLES, DESI REV.		5.2 NAME				
STREET ADDRESS	2024 CENTAL AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00000		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: _____ DATE: 1-17-96 DAYTIME PHONE: 941-366-6888

CR2E037 (12/95)