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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 730703 (6)
1. Corporation Name
WEST FLORIDA CHILD CARE & EDUCATION SERVICES, IN
C. d/b/a CHILDREN'S SERVICES CENTER

Principal Place of Business Mailing Address
1800 N. PALAFOX STREET P.O. BOX 12242
PENSACOLA FL 32503 PENSACOLA FL 32581-2242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1974 3a. Date of Last Report 03/09/1994
4. FEI Number 23-7432194 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. 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ELEGADO, BECKY
1800 NORTH PALAFOX STREET
PENSACOLA FL 32503

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WHITE, JEWEL
STREET ADDRESS	1306 E MALLORY STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	M
NAME	ELEGADO, BECKY
STREET ADDRESS	1800 NORTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	SD
NAME	BEDICS, BONNIE
STREET ADDRESS	11000 UNIVERSITY PARKWAY
CITY-ST-ZIP	PENSACOLA FL 32533
TITLE	PD
NAME	BOTTS, NATHAN
STREET ADDRESS	592 KINGSFIELD RD
CITY-ST-ZIP	CANTONMENT FL
TITLE	D
NAME	SALTER, BETTY
STREET ADDRESS	1425 FINLEY DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	TD
NAME	MORRISSETTE, ANN
STREET ADDRESS	3620 NO 12 AVE
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey Lewis	
1.3 STREET ADDRESS	201 E Government Street	
1.4 CITY-ST-ZIP	Pensacola, Fla 32501	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	40000 1423364	
2.4 CITY-ST-ZIP	-03/07/95--01119--014	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Russell	
3.3 STREET ADDRESS	102 Royal Pines Drive	
3.4 CITY-ST-ZIP	Pace, Florida 32571	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TS 3/3/95	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cheryl Sadro	
6.3 STREET ADDRESS	900 North 12th Avenue	
6.4 CITY-ST-ZIP	Pensacola, Florida 32501	

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if chairman, or on an attachment with an address.

SIGNATURE: Becky Elegado Becky Elegado 2-6-95 904 444 2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State #