

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
PENSACOLA FL 32503

P.O. BOX 12242
PENSACOLA FL 32581-2242



3. Date Incorporated or Qualified
09/13/1974

3a. Date of Last Report
03/03/1995

2. Principal Place of Business
21 1800 North Palafox

2a. Mailing Address
26 1800 North Palafox

4. FEI Number
23-7432194

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Pensacola, Florida

28 City & State
Pensacola, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
32501

25 Country
USA

29 Zip
32501

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELEGADO, BECKY
1800 NORTH PALAFOX STREET
PENSACOLA FL 32503

81 Name
Kirsch, Becky (Elegado)

82 Street Address (P.O. Box Number is Not Acceptable)
1800 North Palafox Street

83

84 City
Pensacola, FL 85 Zip Code
32501

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE
NAME WHITE, JEWEL
STREET ADDRESS 201 E. GOVERNMENT STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE M ☐ DELETE
NAME ELEGADO, BECKY
STREET ADDRESS 1800 NORTH PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL 32503

TITLE SD ☐ DELETE
NAME RUSSELL, KATHY
STREET ADDRESS 102 ROYAL PINES DRIVE
CITY-ST-ZIP PACE FL 32571

TITLE PD ☐ DELETE
NAME BOTTS, NATHAN
STREET ADDRESS 592 KINGSFIELD RD
CITY-ST-ZIP CANTONMENT FL

TITLE D ☐ DELETE
NAME SALTER, BETTY
STREET ADDRESS 1425 FINLEY DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE TD ☐ DELETE
NAME SADO, CHERYL
STREET ADDRESS 900 NORTH 12 AVENUE
CITY-ST-ZIP PENSACOLA FL 32501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Lewis, Jeffrey
1.3 STREET ADDRESS 201 E. Government Street
1.4 CITY-ST-ZIP Pensacola, FL 32501

2.1 TITLE M ☒ Change ☐ Addition
2.2 NAME Kirsch, Becky
2.3 STREET ADDRESS 1800 North Palafox Street
2.4 CITY-ST-ZIP Pensacola, Florida 32501

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 600001795576
3.3 STREET ADDRESS -04/26/96--01014--039
3.4 CITY-ST-ZIP ***61.25

4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME McCorvey, Elvin
4.3 STREET ADDRESS 51 Texar Drive
4.4 CITY-ST-ZIP Pensacola, Florida 32504

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME SADRO, CHERYL
6.3 STREET ADDRESS
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:

Becky Kirsch

Becky Kirsch*(ELEGADO)

03/28/96

904 444 2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)