## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

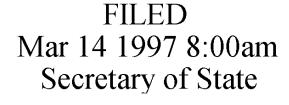
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WEST FLORIDA CHILD CARE & EDUCATION SERVICES, IN



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904-

Principal Place of Business  1800 NORTH PALAFOX PENSACOLA FL 32501		Mailing Address 1800 NORTH PALAFOX PENSACOLA FL 32501-2141			a indite count letts colle tabte ansag			
					3. Date Incorporated or Qualified 09/13/1974	3a. Date of Last Re 04/25/19		
2. Principal Place of Business 2a. Mailing Ac			ddress		4. FEI Number	r <del></del>	plied For	
21	4	26			23-7432194 Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State		6. Election Campaign Financing	\$5.00			
3		Zip Country		Trust Fund Contribution				
Zip	Country Zip			ıry	8. This corporation has liability for i	ntangible tax under s. ] Yes	199.032,	
24]	25 25 Name and Address of Current	29  nt Registered Agent	30]		Florida Statutes L  10. Name and Address of New Re			
			- 1	1 Nam				
EI EÆAD	U BECKY		-			<del> </del>		
ELEGADO, BECKY 1800 NORTH PALAFOX STREET				2 Stree	et Address (P.O. Box Number is Not Acceptab	le) 		
PENSACOLA FL 32503			[6	3	-			
_			E	4 City		85 Zip C	Code	
office or re agent. I a	to the provisions of Sections 617:050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was ations of, Section 617,0503, F	ites, the abo authorized lorida Statu	by the co les.	od corporation submits this statement for the proporation's board of directors. I hereby accept	urpose of changing its of the appointment as i	registered registered	
SIGNATURE _	Signature, typed or printed name of registered ag-	ent and little if applicable (NO	TE Registered /	uent signal	ure required when reinstating)	DATE		
12.	<del></del>	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	·- <del></del>	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITL		PX	Change	Addition	
NAME	Lewis, Jeffrey		1.2 NAM	E	McCorvey, Elvin			
STREET ADDRESS	201 E. GOVERMENT STREET	Т	1.3 STRI	ET ADDRES	1	ive		
CITY - ST - ZIP	PENSACOLA FL 32501		1.4 City	-ST-ZIP	Pensacola, Florida 3250	4		
TITLE	M	DELETE	2.1 TiTL			☐ Change	☐ Addition	
NAME	KIRSCH, BECKY		2.2 NAM	E				
STREET ADDRESS	1800 NORTH PALAFOX STR	EET	23 STRI	ET ADDRES	5 <b> </b>			
CITY-ST-ZIP	PENSACOLA FL 32501			-ST-ZIP				
TITLE	SD	<b>▼</b> DELETE	3.1 7/TL		<b>3</b> 10	K. Change	Addition	
NAME	RUSSELL, KATHY		3.2 NAM		Hurston, Rod			
STREET ADDRESS	102 ROYAL PINES DRIVE				P.0. Box 711, $(N/A)$			
CITY-ST-ZIP	PACE FL 32571	T pereve		1-81-ZIP	Pensacola, Florida 3259		4.000-	
TITLE	VD	L.J DELETE	4.1 TITL		<b>yo</b>	Change	☐ Addition	
NAME	MCCORVEY, ELVIN		4. 2 NAN	_	Sadro, Cheryl			
STREET ADDRESS	51 TEXAR DRIVE				900 North 12th Avenue Pensacola, Florida 3250	1		
CITY-ST-ZIP TITLE	PENSACOLA FL 32504	DELETE	4.4 CITY 5.1 TITL	- ST - ZIP	reneacota, riotida 3230	Change	Addition	
NAME	SALTER, BETTY		5.1 HTL			☐ puende	AUGITION	
STREET ADDRESS	1425 FINLEY DRIVE		•	et Et addres:	,			
	PENSACOLA FL 32514			-ST-ZIP	<b>'</b>			
CITY-ST-ZIP	TD	DELETE	5.4 CHY 6.1 TITL		020	Change	Addition	
NAME	SADRO, CHERYL	F 255.55	6.2 NAM		Botts, Nathan	===		
STREET ADDRESS	900 NORTH 12 AVENUE			et address				
CITY-ST-ZIP	PENSACOLA FL 32501		1	- ST - ZIP	Pensacola, Florida 3250	1		
14. I do hereb	by certify that the information supplie	d with this filing does not qual	lify for the e	kemption	stated in Section 119.07(3)(i), Florida Statutes	s. I further certify that t	he	
informatio	n indicated on this annual report or a	supplemental appual report is:	true and e	curáte as	nd that my signature shall have the same lega s report as required by Chapter 617, Florida S	l effect as it made und	ler nath: that	
appears it	Block 12 or Block 13 it changed, o	r on an allachment with an ad	dress.			914-		