

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730703 (6)
 1. Corporation Name
WEST FLORIDA CHILD CARE & EDUCATION SERVICES, INC.



Principal Place of Business 1800 NORTH PALAFOX PENSACOLA FL 32501	Mailing Address 1800 NORTH PALAFOX PENSACOLA FL 32501
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3. Date Incorporated or Qualified 09/13/1974	
4. FEI Number 23-7432194	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent Kirsch ELEGADE, BECKY 1800 NORTH PALAFOX STREET PENSACOLA FL 32501 32501		10. Name and Address of New Registered Agent	
81 Name	Becky Elegado Kirsch (Married 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORVEY, ELVIN	1.2 NAME	Betty Salter
STREET ADDRESS	HALL CENTER, 51 TEXAR DRIVE	1.3 STREET ADDRESS	P.O. Box 13204 N/A
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32591
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCH, BECKY	2.2 NAME	
STREET ADDRESS	1800 NORTH PALAFOX STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURSTON, ROD	3.2 NAME	
STREET ADDRESS	P.O. BOX 711 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADRO, CHERYL	4.2 NAME	
STREET ADDRESS	900 NORTH 12TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALTER, BETTY	5.2 NAME	Bubba Drinkard
STREET ADDRESS	1425 FINLEY DRIVE	5.3 STREET ADDRESS	4453 Berryhill Road
CITY-ST-ZIP	PENSACOLA FL 32514	5.4 CITY-ST-ZIP	Milton, FLA 32571
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOTTS, NATHAN	6.2 NAME	Ann Pyle
STREET ADDRESS	900 NORTH 12TH AVENUE	6.3 STREET ADDRESS	150 East Burgess Road
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FLA 32501

14. I hereby certify that the information supplied with this filing 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: *Becky A (Elegado) Kirsch* 3-15-98 850-595-5800

CR2E037 (10/97)