NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90054 010 ****70.00

DOCUMENT # 730703

1. Entity Name: West Florida Child Care & Education Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 North Palafox	1800 North Palafox
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola	City & State: Florida
Zip: 32501 Country: Escambia	Zip: 32501 Country: Escambia

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-7432194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Becky Kirsch

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

City: Pensacola FL Zip Code: 32501

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P Bubba Drinkard 4453 Berryhill Road Milton, Florida 32571	
VP Karen Miller 1000 West Moreno Street Pensacola, Florida 32501	
D Ann Pyle 150 East BurgessRoad Pensacola, Florida 32501	
D Elvin McCorvey Hall Center, 51 Texar Drive Pensacola, Florida 32501	
D Betty Salter P.O. Box 13204 Pensacola, Florida 32591	
D Eugene Brown 29 South SPring Street Pensacola, Florida 32501	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that this information service 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Becky Kirsch 3-29-02 850-595-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #