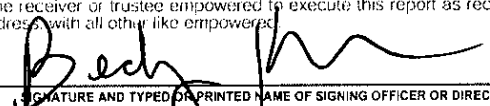


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 1800 North Palafox		3. Mailing Address 1800 North Palafox																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State Pensacola		City & State Florida																					
Zip 32501	Country Escambia	Zip 32501	Country Escambia																				
4. FEI Number 23-7432194		Applied For ☐ Not Applicable																					
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; height: 80px;">DO NOT WRITE IN THIS SPACE</td> </tr> <tr> <td colspan="4">7. Name and Address of Current Registered Agent</td> </tr> <tr> <td colspan="4">Name Becky Kirsch</td> </tr> <tr> <td colspan="4">Street Address (P.O. Box Number is Not Acceptable) 1800 North Palafox Street</td> </tr> <tr> <td colspan="4">City Pensacola FL Zip Code 32501</td> </tr> </table>				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			
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 _____ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen Miller 1000 West Moreno Street Pensacola, Florida 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Pyle 150 East Burgess Road Pensacola, Florida 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elvin McCorvey Hall Center, 51 Texar Drive Pensacola, Florida 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Salter P.O. Box 13204 Pensacola, Florida 32591	TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eugene Brown 29 South Spring Street Pensacola, Florida 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP																					
12. 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 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: 		Date 3-29-02 Daytime Phone # 850-595-5900																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							

CR2E037B (12/01)