

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90036 020 \*\*\*\*70.00

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03212007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 730703</b> 1. Entity Name <b>WEST FLORIDA CHILD CARE &amp; EDUCATION SERVICES, INC.</b>					
Principal Place of Business <b>1800 NORTH PALAFOX PENSACOLA, FL 32501</b>			Mailing Address <b>1800 NORTH PALAFOX PENSACOLA, FL 32501</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>23-7432194</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ELEGADO KIRSCH, BECKY 1800 NORTH PALAFOX PENSACOLA, FL 32501</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEWIS, JEFF</b> <b>3780 FIRESTONE BLVD</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ANDERSON, CINDY</b> <b>6491 CAROLINE ST. # 4</b> <b>MILTON, FL 32570</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DUNEGAN, KATHY</b> <b>115 W DESOTO ST</b> <b>PENSACOLA, FL 32501</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>Bettye Swanston</b> <b>4517 South Point Lane</b> <b>Pensacola, FL 32514</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>RITCHIE, DEBBIE</b> <b>4506 LAVALLET LANE</b> <b>PENSACOLA, FL 32504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b>   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALTER, BETTY</b> <b>P.O. BOX 13204</b> <b>PENSACOLA, FL 32591</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BECKY, KIRSCH</b> <b>1800 N PALAFOX ST</b> <b>PENSACOLA, FL 32501</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			<b>3/24/2007</b> Date                      Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**ATTACHMENT****40052007**  
**# 730703**

	<b>West Florida Child Care and Education Services, Inc.</b> <b>BOARD MEMBERS</b> <b>(Attachment to Annual Report 2006/2007)</b>
7.	(D) <b>Angela Moore</b> 113 Chanteclair Circle Gulf Breeze, FL 32561
8.	(T) <b>Donna Adams</b> 6738 Dixon Street Milton, FL 32572
9.	(D) <b>Charlotte Crane</b> 7331 Deborah Court Pensacola, FL 32514
10.	(D) <b>Karen Cook</b> 731 Pensacola Beach Blvd. Pensacola Beach, FL 32561
11.	(S) <b>Laverne Baker</b> 17 S. Palafox Street, Suite 394 Pensacola, FL 32501
12.	(D) <b>Stephanie Judy</b> 1198 Gulf Breeze Pkwy, Ste. 1 Gulf Breeze, FL 32561