


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90036 034 ****70.00

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|--|--|--|---|---|--|
| DOCUMENT # 730703 1. Entity 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 | | |
| 2. Principal Place of Business - No P.O. Box # 3300 N PACE BLVD | | 3. Mailing Address 3300 N PACE BLVD. | | | |
| Suite, Apt. #, etc. SUITE 230 | | Suite, Apt. #, etc. SUITE 230 | | | |
| City & State Pensacola, FL | | City & State Pensacola, FL | | | |
| Zip 32505 | | Country | | Zip 32505 | |
| Country | | Country | | | |
| 4. FEI Number 23-7432194 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent ELEGADO KIRSCH, BECKY 1800 NORTH PALAFOX PENSACOLA, FL 32501 | | | 7. Name and Address of New Registered Agent Name Becky Kirsch Street Address (P.O. Box Number is Not Acceptable) 3300 N. PACE BLVD. SUITE 230 City Pensacola FL Zip Code 32505 | | |
| 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, JEFF 3780 FIRESTONE BLVD PENSACOLA, FL 32503 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, CINDY 6491 CAROLINE ST, # 4 MILTON, FL 32570 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC SWANSTON, BETTYE 4517 SOUTHPPOINT LN PENSACOLA, FL 32514 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C RITCHIE, DEBBIE 4506 LAVALLET LANE PENSACOLA, FL 32504 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALTER, BETTY P.O. BOX 13204 PENSACOLA, FL 32591 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BECKY, KIRSCH 1800 N PALAFOX ST PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | | | |
| 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. | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| SIGNATURE:  | | Name Becky Kirsch Date March 4, 2008 Daytime Phone # 850 595-5919 | | | |

ATTACHMENT 40040641
#730703

Continuation for Document #73073
West Florida Child Care & Education Services, Inc.
2008 Not For Profit Corporation Annual Report

10. Officers and Directors

T

Donna Adams
6738 Dixon Street
Milton, FL 32572

D

Karen Cook
731 Pensacola Beach Blvd.
Pensacola Beach, FL 32561

D

Laverne Baker
17 S. Palafox Street, Suite 394
Pensacola, FL 32501