FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735553 (0)

1. Corporation Name
UNITED CHILD CARE CENTERS, INC.

Principal Place of Business
807 RIFLE RANGE RD
WAHNETA FL 33830
US

Mailing Address
807 RIFLE RANGE RD
WAHNETA FL 33830
US

3. Date Incorporated or Qualified: 04/13/1976
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1604493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 807 Rifle Range Rd	26 PO Box 2625
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1140 E McDonald St
City & State 23 Wahneta FL 33830	City & State 28 Lakeland FL 33806-2625
Zip 24 33830 / Country 25 Polk	Zip 29 33806-2625 / Country 30 Polk

9. Name and Address of Current Registered Agent

KELLY, MICHHAEL J
1836 PRDUNES CIR N
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: Delmas M. Copeland
82 Street Address (P.O. Box Number is Not Acceptable): PO Box 2625
83 1140 E McDonald St. (33801)
84 City: Lakeland FL
85 Zip Code: 33806-2625

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 [signature] District Superintendent DATE 3/27/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CORLEY, MARY N		1.2 NAME	Carl Bleiler	
STREET ADDRESS	533 S LAKE MARTHA		1.3 STREET ADDRESS	923 W Ruby St	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Lakeland FL 33801	
TITLE	PD	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	POSTELL, VIVIAN		2.2 NAME	Pam Mann	
STREET ADDRESS	812 6TH ST		2.3 STREET ADDRESS	1155 DeLaPalma	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Bartow FL 33830	
TITLE	VD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HENDRY, EMILY		3.2 NAME	William J. Oakley	
STREET ADDRESS	513 KENSINGTON ST.		3.3 STREET ADDRESS	942 S Blvd	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland FL 33801	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KELLY, MICHAEL J		4.2 NAME	Charles Greene	
STREET ADDRESS	1836 PRDUNES CIR N		4.3 STREET ADDRESS	2730 Carolina Ave	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland FL 33803	
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	Patricia A. Krause	
STREET ADDRESS			5.3 STREET ADDRESS	1735 Quail Run	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lakeland FL 33809	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Patricia A. Krause, Treasurer 3/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Daytime Phone #: 941-688-5563

CR2E037 (12/95)