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Mar 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
C/O UNITED METHODIST CHURCH  
PO BOX 2625  
LAKELAND FL 33806-2625  
US  
Mailing Address  
PO BOX 2625  
1140 E McDONALD ST  
LAKELAND FL 33806-2625  
US3. Date Incorporated or Qualified  
04/13/19763a. Date of Last Report  
04/02/1996

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City &amp; State

27 City &amp; State

3 Zip Country

28 Zip Country

4 25 29 30

4. FEI Number  
59-1604493

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPELAND, DELMAS M.  
PO BOX 2625  
1140 E McDONALD ST  
LAKELAND FL 33806

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE *Delmas M. Copeland*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BLEILER, CARL	923 W RUBY ST	LAKELAND FL	<input checked="" type="checkbox"/>
VP	MANN, PAM	1155 DE LA PALMA	BARTOW FL	<input checked="" type="checkbox"/>
SD	OAKLEY, WILLIAM J.	942 S BLVD	LAKELAND FL	<input type="checkbox"/>
D	GREENE, CHARLES	2730 CAROLINA AVE	LAKELAND FL	<input type="checkbox"/>
TD	KRAUSE, PATRICIA A.	1735 QUAIL RUN	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VD	David Beers	205 N 5th St	Lake Wales FL 33853	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Vivien Postell	812 W 6th St	Lakeland FL 33805	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Oakley, William J.	942 S. Blvd.	Lakeland FL 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/96)

14. I do 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 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:

*William J. Oakley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0052828

2-26-97

941-688-5563