

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90114 041 ****61.25

DOCUMENT # 735553

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1604493

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

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
Aldo O. Martin

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

XXXXXXXXXX 1140 E McDonald St

83 Lakeland FL 33806-2625

84 City Lakeland FL 85 Zip Code 33801

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 *Aldo O. Martin*
Signature, typed or printed name of registered agent and title if applicable.

District Superintendent

4/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME BEERS, DAVID
STREET ADDRESS 205 N 5TH ST
CITY-ST-ZIP LAKE WALES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME SD Bove, Jose
1.3 STREET ADDRESS Bove, Jose
1.4 CITY-ST-ZIP 72 Lake Morton Drive
Lakeland FL 33801

TITLE SD ☐ DELETE
NAME POSTELL, VMIEN
STREET ADDRESS 812 W 6TH ST
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME OAKLEY, WILLIAM J.
STREET ADDRESS 942 S BLVD
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GREENE, CHARLES
STREET ADDRESS 2730 CAROLINA AVE
CITY-ST-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME KRAUSE, PATRICIA A.
STREET ADDRESS 1735 QUAIL RUN
CITY-ST-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia A. Krause* TREASURER 4/13/99 941-688-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)