

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 740698

1. Corporation Name

EARLY START DAY CARE CENTER, INC.

Principal Place of Business

1766 49TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

1766 49TH STREET SOUTH
ST. PETERSBURG FL 33711

FILED
Mar 11, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/04/1977

4. FEI Number

59-1774448

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

9. Name and Address of Current Registered Agent

WASHINGTON, ESTELL
1922 23RD ST S
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CULLIVER, WILLIAM
STREET ADDRESS PO BOX 6047 N/A
CITY-ST-ZIP EVANSTON IL

TITLE D ☐ DELETE

NAME BRADFORD, ROSLINE
STREET ADDRESS 863 3RD. AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME BOYDSTON, BRYANT
STREET ADDRESS 2600 9TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DS ☐ DELETE

NAME WASHINGTON, ESTELL
STREET ADDRESS 1922 23RD ST S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME ZINN, DALE
STREET ADDRESS 8410 4TH STREET N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME WILLIAMS, ALBERTA
STREET ADDRESS 1438 10TH AVENUE S
CITY-ST-ZIP ST. PETERSBURG FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Estell Washington Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ESTELL WASHINGTON GREEN DIRECTOR

3-10-99
Date

(727) 322-9248
Daytime Phone #

CR2E037 (11/98)