

# 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 # 741337 (0)**

1. Corporation Name

**CHIEFLAND CHILD DAY CARE CENTER, INC.**



Principal Place of Business

310 SW 10TH CIRCLE  
PO BOX 1656  
CHIEFLND FL 32626

Mailing Address

310 SW 10TH CIRCLE  
PO BOX 1656  
CHIEFLND FL 32626

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1978

3a. Date of Last Report

03/09/1995

4. FEI Number

59-1787592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HALLMAN, DAVID A.  
312 EAST PARK AVE.  
CHIEFLND FL 32626

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

S

☐ DELETE

NAME

SCOTT, DOROTHY

STREET ADDRESS

BOX 567 N/A

CITY - ST - ZIP

CHIEFLND FL 32626

TITLE

VCD

☐ DELETE

NAME

NELSON, CARETHA B.

STREET ADDRESS

326 NE 5TH ST., BOX 277 N/A

CITY - ST - ZIP

CHIEFLND FL

TITLE

P

☐ DELETE

NAME

P.O. BOX 38, N/A

STREET ADDRESS

P.O. BOX 38

CITY - ST - ZIP

CHIEFLND FL

TITLE

D

☐ DELETE

NAME

LEE, ANDREW

STREET ADDRESS

P.O. BOX 636 N/A

CITY - ST - ZIP

CHIEFLND FL

TITLE

T

☐ DELETE

NAME

WILLIAMS, EDDIE J

STREET ADDRESS

P.O. BOX 123 N/A

CITY - ST - ZIP

CHIEFLND FL

TITLE

D

☐ DELETE

NAME

REYNOLDS, MARY

STREET ADDRESS

P.O. BOX 2067 N/A

CITY - ST - ZIP

CHIEFLND 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

P. Joseph Lee Wilcox  
P.O. Box  
Chiefland, Fla 32644

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:

*Caretha B. Nelson, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (352)4931843  
Date Daytime Phone #

CR2E037 (12/95)