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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

310 SW 10TH CIRCLE  
PO BOX 1656  
CHIEFLND FL 32626

310 SW 10TH CIRCLE  
PO BOX 1656  
CHIEFLND FL 32626-0104

3. Date Incorporated or Qualified  
01/12/1978

3a. Date of Last Report  
04/11/1996

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

4. FEI Number

59-1787592

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

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME SCOTT, DOROTHY  
STREET ADDRESS BOX 567 N/A  
CITY - ST - ZIP CHIEFLND FL 32626

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VCD  
NAME NELSON, CARETHA B.  
STREET ADDRESS 326 NE 5TH ST., BOX 277 N/A  
CITY - ST - ZIP CHIEFLND FL

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

TITLE P  
NAME WILCOX, JOSEPH L.  
STREET ADDRESS PO BOX 38 N/A  
CITY - ST - ZIP CHIEFLND FL

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

TITLE D  
NAME LEE, ANDREW  
STREET ADDRESS P.O. BOX 636 N/A  
CITY - ST - ZIP CHIEFLND FL

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

TITLE T  
NAME WILLIAMS, EDDIE J  
STREET ADDRESS P.O. BOX 123 N/A  
CITY - ST - ZIP CHIEFLND FL

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

TITLE D  
NAME REYNOLDS, MARY  
STREET ADDRESS P.O. BOX 2067 N/A  
CITY - ST - ZIP CHIEFLND FL

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

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: Caretha B. Nelson

4/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (800) 115-1151

CR2E037 (9/96)