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 # 743174

1. Corporation Name

SANFORD CHILD DEVELOPMENT CORPORATION, INC.

Principal Place of Business
2509 YALE AVE SANFORD FL 32771
US

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 5209 SANFORD FL 32772-5209

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Feb 04, 1999 8:00am Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/08/1978

59-1838837

4. FEI Number

Zip	Country	Zip		ountry		6. Election Campaign Finar	ncing 🖂	\$5.00		
4	25	29	30			Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
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A 61 TO 1 A 64 TO 1 A 6								·		
MIZE MARY Male o the 12 OPAYENT CORPORATION, 670.					Street Addre	ess (P.O. Box Number is Not A	cceptable)		l	
640 ENTERPRISE/OSTEEN RD										
OSTEEN FL 32764									ŀ	
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11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508, Florida St	atutes, the	above	-named corpo	oration submits this statement f	or the purpose	of changing its	egistered	
office or n	egistered agent, or both, in the State of I m familiar with, and accept the obligation	Florida. Such change wa	as authoriz	ed by	the corporatio	on's board of directors. I'hereby	accept the abi	continent as rec	isterea :	
oo agent. i ai	m ramiliar with, and accept the congation	is or, section or r.0303,	, Florida Si	alules.		341 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
SIGNATURE	Signature, typed or printed name of registered agent an	of title if analisable 7	NOTE: Pasies	red Anne	t signature required	when reinstation)	DATE	<u> </u>	 ,	
12.	Signature, typed or printed name of registered agent an OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	NOTE: Registe		- ordinarring sortrilled	ADDITIONS/CHANGES T		AND DIRECTOR	RS IN 12	
		DELETE		TITLE		46/68/1978		☐ Change	[7] Addition	
TITLE	PD	ri peren				145,865,953 1 DE 55		9-		
NAME	MIZE, MARY M.			NAME		555 EN 445 COM			i	
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CITY-ST-ZIP	OSTEEN FL			CITY-ST	-ZIP					
TITLE	STD	☐ DELETE	≘ 2.1	TITLE				Change	Addition	
NAME	MIZE, C. VERNON JR.		2.2	NAME					·	
r	640 ENTERPRIZE-OSTEEN RD		2.3	STREET	ADDRESS					
	OSTEEN FL 783370			4 CiTY-S	T. 7ID					
CITY-ST-ZIP TITLE	D	□ DELETE		TITLE	1-217			☐ Change	Addition	
NAME Z	SELF, TARA G.	開始 经自己 自己		NAME						
I	208 RIDER RD		3.3	STREET	ADDRESS				ŀ	
CITY ST ZIP	SANFORD FL 32773			CITY-S	T-ZIP					
TITLE		☐ DELETE	E 4.1	TITLE				Change	☐ Addition]	
NAME YOLE AV		s :	4.:	2 NAME			eli sebri Xini, S. A. I.	Figure 44, player Bres	1 50801 1221	
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NAME	640 EN CERPAZE O'STEEN RO		6.2	NAME		.50			[
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CITY-ST-ZIP	\$1D		6.4	CITY-ST	ZIP					
44	<u> </u>			41		Section 110 07/2\(i) Florida Sta	tutes I further		formation	

I. 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 informatio 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: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 AC 407 313-5946

CR2F037 (11/98

Applied For

\$8.75 Additional

Fee Required

Not Applicable