

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
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90040 046 *****61.25

DOCUMENT # **745679**

Corporation Name
RIDGECREST DAY CARE CENTER, INC.

Principal Place of Business
**13100 120TH LANE NORTH
LARGO FL 34648-1404**

Mailing Address
**13100 120TH LANE NORTH
LARGO FL 34648-1404**



| | | | | | |
|--|--|---------------------|--|--|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/23/1979 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-6045871 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| MCCLUSTER, BARBARA 13100 120TH LANE N. LARGO FL 34648 | | | | 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 | | DATE | |
|---|-------------------------------|---|--|
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | P | <input type="checkbox"/> DELETE | |
| NAME | BEAL, TASKER, JR | | |
| STREET ADDRESS | 1731 TAYLOR LAKE PLACE | | |
| CITY-ST-ZIP | LARGO FL 33778 | | |
| TITLE | S | <input type="checkbox"/> DELETE | |
| NAME | GARDNER, ANNIE | | |
| STREET ADDRESS | 13141 120TH STREET N. | | |
| CITY-ST-ZIP | LARGO FL 33778 | | |
| TITLE | T | <input type="checkbox"/> DELETE | |
| NAME | WATERS, GENEVA | | |
| STREET ADDRESS | 1200 BELCHER RD. | | |
| CITY-ST-ZIP | LARGO FL 33773 | | |
| TITLE | AS | <input type="checkbox"/> DELETE | |
| NAME | BAILEY, WAYMON | | |
| STREET ADDRESS | 1090 16TH AVE | | |
| CITY-ST-ZIP | LARGO FL 33770 | | |
| TITLE | ATD | <input type="checkbox"/> DELETE | |
| NAME | RUSSELL, LUTHERINE | | |
| STREET ADDRESS | 1397 CROSBY STREET | | |
| CITY-ST-ZIP | LARGO FL 33778 | | |
| TITLE | ED | <input type="checkbox"/> DELETE | |
| NAME | MCCLUSTER, BARBARA | | |
| STREET ADDRESS | 13650 94TH AVE. N. | | |
| CITY-ST-ZIP | SEMINOLE FL 33778 | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.1 TITLE | | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.1 TITLE | | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.1 TITLE | | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.1 TITLE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.1 TITLE | | | |
| 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:

BARBARA MCCLUSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 (727) 584-8422

CR2E037 (1/98)