

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746654** (3)

1. Corporation Name

**FRIENDSHIP CHILD CARE CENTER, INC.**

Principal Place of Business

Mailing Address

**1734 SE HAWTHORNE RD.  
GAINESVILLE FL 32601  
US**

**P. O. BOX 5521  
GAINESVILLE FL 32602-5521  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/05/1979**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-1386903**

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

**ROSS, SHIRLEY D.  
1622 SE 15TH AVE.,  
GAINESVILLE FL 32601**

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 ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILLIAMS, LUCILE K.**  
CITY-ST-ZIP **730 NE 25TH ST.  
GAINESVILLE, FL 00000**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BUTLER, ALVIN**  
CITY-ST-ZIP **801 NW 4TH STREET  
GAINESVILLE, FL 00000**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CRUMPTON, WILLIE M.**  
CITY-ST-ZIP **812 NW 4TH PLACE  
GAINESVILLE, FL 00000**

TITLE ☒ DELETE  
NAME **DP**  
STREET ADDRESS **HAWTHORNE, REMARD**  
CITY-ST-ZIP **6911 NW 39TH PLACE  
GAINESVILLE FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **BOWLES, PAULINE**  
CITY-ST-ZIP **1008 NE 24TH TERRACE  
GAINESVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-97 372-9766**  
Date Daytime Phone #0010753

CR2E037 (9/96)