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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747715** **(1)**

1. Corporation Name

CHILDREN'S CENTER AFTERNOON PROGRAM, INC.

Principal Place of Business	Mailing Address
350 CASA YBEL ROAD SANIBEL FL 33957	350 CASA YBEL ROAD SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1979**
3a. Date of Last Report: **05/26/1994**
4. FEI Number: **59-1875399** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

GELBERG, LINDA S.
2440 PALM RIDGE ROAD
SANIBEL FL 33957

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	WOLAMIN, ILONA	12 NAME	Barbara Molnar	
STREET ADDRESS	3814 WEST GULF DR	13 STREET ADDRESS	590 Piedmont Rd	
CITY-ST-ZIP	SANIBEL FL	14 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	PD	21 TITLE	President/D	☒ Change ☐ Addition
NAME	MARRIOTT-MURPHY, JOANNE	22 NAME	Jeffrey Aerot	
STREET ADDRESS	663 MERIDAN ST	23 STREET ADDRESS	1693 Burning Lane	
CITY-ST-ZIP	SANIBEL FL	24 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	VD	31 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	OWENS, CELESTE	32 NAME	Molly Heuer	
STREET ADDRESS	1825 ARDSLEY WAY	33 STREET ADDRESS	2560 Sanibel Blvd	
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	TD	41 TITLE	Treasurer/D	☒ Change ☐ Addition
NAME	DAWRES, LAUREN	42 NAME	Kirk Williams	
STREET ADDRESS	1597 SAN CASTLE RD	43 STREET ADDRESS	5747 Pine Tree Dr.	
CITY-ST-ZIP	SANIBEL FL	44 CITY-ST-ZIP	Sanibel FL 33957	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 added on an attachment with an address.

SIGNATURE: Kirk Williams KIRK WILLIAMS 4/24/95 472-4538
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017433