

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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**

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SANIBEL FL 33957**

3. Date Incorporated or Qualified  
**06/19/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-1875399**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOLNAR, BARBARA	
STREET ADDRESS	590 PIEDMONT RD	
CITY-ST-ZIP	SANIBEL FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AEROX, JEFFREY	
STREET ADDRESS	1693 BUNTING LN	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HEVER, MOLLY	
STREET ADDRESS	2560 SANIBAL RD	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, KIRK	
STREET ADDRESS	5747 PINE TREE DR	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIERCE, CINDY	
1.3 STREET ADDRESS	5740 CENTURY OT	
1.4 CITY-ST-ZIP	SANIBEL, FL 33957	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMPSON, KATHY	
2.3 STREET ADDRESS	5740 SAN. CAP RD.	
2.4 CITY-ST-ZIP	SANIBEL, FL 33957	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALDWELL, TAD	
3.3 STREET ADDRESS	SAGE CT	
3.4 CITY-ST-ZIP	SANIBEL, FL 33957	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HALL, KAREN	
4.3 STREET ADDRESS	4530 W. GULF DR.	
4.4 CITY-ST-ZIP	SANIBEL, FL 33957	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: KAREN HALL - KAREN HALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/96**

Date

**941-472-4538**

Daytime Phone #

CR2E037 (12/95)