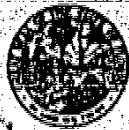


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 747853 (0)

1. Corporation Name

CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

**1133 GUN CLUB RD.
SARASOTA FL 34232**

Mailing Address

**1133 GUN CLUB RD.
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1979

3a. Date of Last Report

02/18/1994

4. FEI Number

59-1947024

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ADAMS, SANDRA PH.D.
1133 GUN CLUB ROAD
SARASOTA FL 34232**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

GRUNDY, SUE

1858 RINGLING BLVD.

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

ANTRIM BERGER, BETH E.

1819 MAIN STREET #610

SARASOTA, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

ERB, CALVIN

3148 SOUTH GATE CIRCLE

SARASOTA, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

COPELAND, TERRY

1302 N. ORNAGE AVE

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

COPELAND, TERRY

1302 N. Orange Ave.

Sarasota, FL. 34236

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VP

ANTRIM-BERGER, BETH E.

2424 Manatee Ave., Suite 102

Bradenton, FL. 34205

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SD

FULLER, DEDE

1700 North Drive

Sarasota, FL. 34239

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-95

Date

Daytime Phone #

0043381