

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 # 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

2. Principal Place of Business

21 4620 17TH ST.

Suite, Apt. #, etc.

22 City & State

23

Zip

24 34235

Country

25

2a. Mailing Address

26 4620 17TH ST.

Suite, Apt. #, etc.

27 City & State

28

Zip

29 34235

Country

30

3. Date Incorporated or Qualified

06/28/1979

3a. Date of Last Report

03/23/1995

4. FEI Number

59-1947024

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

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

10. Name and Address of New Registered Agent

81 Name

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

4620 17TH STREET

83

84 City

FL

85 Zip Code

34235

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

SANDRA ADAMS PH.D. EXECUTIVE DIRECTOR

1/19/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME FULLER, DEDE

STREET ADDRESS 1700 N DRIVE

CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME ANTRIM BERGER, BETH E.

STREET ADDRESS 2424 MANATEE AVE STE 102

CITY-ST-ZIP BRADENTON FL

TITLE TD ☐ DELETE

NAME ERB, CALVIN

STREET ADDRESS 3148 SOUTH GATE CIRCLE

CITY-ST-ZIP SARASOTA, FL 00000

TITLE PD ☒ DELETE

NAME COPELAND, TERRY

STREET ADDRESS 1302 N. ORNAGE AVE

CITY-ST-ZIP SARASOTA FL

TITLE VICE PRESIDENT (VD) ☐ DELETE

NAME KLICH, WILLIAM R.

STREET ADDRESS 1777 MAIN STREET

CITY-ST-ZIP SARASOTA, FL 34230

TITLE SECRETARY (SD) ☐ DELETE

NAME BARTH, DOROTHY

STREET ADDRESS 2035 CATTLEMEN ROAD

CITY-ST-ZIP SARASOTA, FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE PRESIDENT ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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

1/22/96 (941) 953-5383

DATE

Daytime Phone #

CR2E037 (12/95)