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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747853

1. Corporation Name

CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

4620 17TH ST
SARASOTA FL 34235
US

Mailing Address

4620 17TH ST
SARASOTA FL 34235
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/28/1979 4. FEI Number 59-1947024 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, SANDRA PH.D.
4620 17TH STREET
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name HOWARD, PETER, L.C.S.W.
82 Street Address (P.O. Box Number is Not Acceptable)
4620 17TH STREET
83
84 City SARASOTA 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-899

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ERB, CALVIN W	1.2 NAME	DART, THOMAS, ATTORNEY
STREET ADDRESS	3230 SO GATE CIR	1.3 STREET ADDRESS	1549 RINGLING BLVD #600
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VD	2.1 TITLE	VD
NAME	DART, THOMAS H	2.2 NAME	CALDWELL, KELLY
STREET ADDRESS	1549 RINGLING BLVD #600	2.3 STREET ADDRESS	CALDWELL TRUST, 201 CENTER RD.
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	SD	3.1 TITLE	SD
NAME	ZIMMERMAN, SYLVIA M	3.2 NAME	MCDANIEL, BILL
STREET ADDRESS	931 NORSOTA WY	3.3 STREET ADDRESS	A.G. EDWARDS, 4457 GARCIA AVE.
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD	4.1 TITLE	
NAME	PARRISH, PAULINE J	4.2 NAME	
STREET ADDRESS	1858 RINGLING BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Mary Lou Jackson

2/5/99

941-371-8820

CR2E037 (11/98)