

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760750

FILED
Feb 28, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA CHILD CARE CENTER, INC.

Current Principal Place of Business:

426 S.W. 15TH ST.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

426 S.W. 15TH ST.
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2134985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDDELL, ESTHER, R
2541 SE 37TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKER, JENNIFER K.,
Address: 5101 S.W. 60TH STREET ROAD, APT. 603
City-St-Zip: OCALA, FL 34474

Title: STD () Delete
Name: SIDDELL, ESTHER,
Address: 2541 SE 37TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SAPP, ANNE
Address: 3912 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: WOODS, ANGIE
Address: 1110 SE 14TH TERRACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARKER, JENNIFER K.,
Address: 2405 SE 30TH STREET
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER PARKER

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date