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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 767977 (2)

1. Corporation Name

SMALL WORLD CHILDREN'S CENTER, INC.

Principal Place of Business

Mailing Address

7505 N.W. 131 STREET  
GAINESVILLE FL 32606

7505 N.W. 131 STREET  
GAINESVILLE FL 32653-2402



3. Date Incorporated or Qualified  
04/15/1983

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2302177

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPE, BARBARA  
1214 N.W. 4TH STREET  
GAINESVILLE FL

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 *Barbara R. Harpe*

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

(NOTE: Registered Agent signature required when reinstating)

2/25/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME HARPE, BARBARA  
STREET ADDRESS 1214 N.W. 4TH STREET  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE VD  
NAME KINARD, MILDRED  
STREET ADDRESS 1214 N.W. 4TH STREET  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE D  
NAME RICE, DONNA  
STREET ADDRESS 3404 N.W. 29TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE D  
NAME HARPE, BARBARA  
STREET ADDRESS 1214 N.W. 4TH STREET  
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Claude E. Harpe III  
2.3 STREET ADDRESS 7505 N.W. 131 St.  
2.4 CITY-ST-ZIP Gville, FL 32653

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE *Barbara R. Harpe*

2/25/97

352 321 3360

CR2E037 (9/96)