


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90065 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767977					
1. Corporation Name SMALL WORLD CHILDREN'S CENTER, INC.					
Principal Place of Business 7505 N.W. 131 STREET GAINESVILLE FL 32653 US			Mailing Address 7505 N.W. 131 STREET GAINESVILLE FL 32653 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1983	
22 City & State		27 City & State		4. FEI Number 59-2302177	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 32601			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> DELETE			
NAME	HARPE, BARBARA				
STREET ADDRESS	1214 N.W. 4TH STREET				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	KINARD, MILDRED				
STREET ADDRESS	1214 N.W. 4TH STREET				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RICE, DONNA				
STREET ADDRESS	3404 N.W. 29TH TERRACE				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARPE, BARBARA				
STREET ADDRESS	1214 N.W. 4TH STREET				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARPE, CLAUDE E III				
STREET ADDRESS	7505 NW 131 ST				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

(352) 371-3360

Daytime Phone #

CR2E037 (11/98)