


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 040 ****61.25

DOCUMENT # N03000001745	
1. Entity Name CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.	

Principal Place of Business 433 NORTH MILLS AVENUE ORLANDO, FL 32803	Mailing Address 433 NORTH MILLS AVENUE ORLANDO, FL 32803
--	--

DO NOT WRITE IN THIS SPACE



08212006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1065407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIKES, RONALD W 1000 E ROBINSON ST SUITE A ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

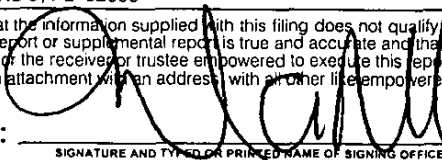
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, C E III 433 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ROBIN 433 N MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLICK, THOMAS 433 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERBER, JAMES W 433 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCOX, DAN 433 NORTH MILLS AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST RUSSELL, MARK A 433 NORTH MILLS AVENUE ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:  **8-30-06** **407-8969220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #