

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N14676** (3)

1. Corporation Name

EPISCOPAL CHILD CARE, INC.



Principal Place of Business

Mailing Address

% HARRIET HARLAN
211 N. MONROE ST.
TALLAHASSEE FL 32301

% HARRIET HARLAN
211 N. MONROE ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
04/30/1986

3a. Date of Last Report
02/08/1995

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

4. FEI Number

59-2697203

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARLAN, HARRIET
211 N. MONROE ST.
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **GRAHAM, JAMES H**
STREET ADDRESS **915 CHESTNUT**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **TREASURER** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **915 CHESTWOOD AVE**
1.4 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☐ DELETE
NAME **HARLAN, HARRIET**
STREET ADDRESS **909 PINE ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RUMENIK, DOROTHY J.**
STREET ADDRESS **2435 POTTS RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **D** ☐ DELETE
NAME **BENSON, ANNE**
STREET ADDRESS **530 HART STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ DELETE
NAME **MARSH, JANICE**
STREET ADDRESS **1531 CRISTOBAL DR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **T** ☒ DELETE
NAME **PERKINS, THOMAS E**
STREET ADDRESS **2011 LEE AV**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE **CHAIRMAN** ☐ Change ☒ Addition
6.2 NAME **ERIC D. DUDLEY**
6.3 STREET ADDRESS **211 N. MONROE ST.**
6.4 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James H. Graham

JAMES H. GRAHAM - TREASURER

Date

4/29/96

Daytime Phone #

644-3815

CR2E037 (12/95)