

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.		HARRIET HARLAN 211 N. MONROE ST. TALLAHASSEE FL 32301	
21. Karen Mica	26. Karen Mica	3. Date Incorporated or Qualified 04/30/1986	
22. 211 N. Monroe St.	27. 211 N. Monroe St.	4. FEI Number 59-2697203	Applied For Not Applicable
23. Tallahassee, FL	28. Tallahassee, FL	5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required	
24. 32301	29. 32301	6. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. USA	30. USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIET HARLAN Karen Mica 211 N. MONROE ST. TALLAHASSEE FL 32301		81. Name Karen Mica 82. Street Address (P.O. Box Number Is Not Acceptable) 211 N. Monroe St. 83. Tallahassee 84. City FL 85. Zip Code 32301	
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 Karen Mica		DATE 1-26-98	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRES 1.2 NAME GRAHAM JAMES H 1.3 STREET ADDRESS 915 CHESTWOOD AVE 1.4 CITY-ST-ZIP TALLAHASSEE FL		1.1 TITLE P/D 1.2 NAME Karen Mica 1.3 STREET ADDRESS 1262 Millstream 1.4 CITY-ST-ZIP Tallahassee, FL 32312	
2.1 TITLE D 2.2 NAME RUMENIK, DOROTHY J. 2.3 STREET ADDRESS 2435 POTTS RD. 2.4 CITY-ST-ZIP TALLAHASSEE FL		2.1 TITLE C/D 2.2 NAME The Rev. Eric Dudley 2.3 STREET ADDRESS 211 N. Monroe St. 2.4 CITY-ST-ZIP Tallahassee, FL 32301	
3.1 TITLE D 3.2 NAME BENSON, ANNE 3.3 STREET ADDRESS 530 HART STREET 3.4 CITY-ST-ZIP TALLAHASSEE FL 32301		3.1 TITLE D 3.2 NAME Harriet Harlan 3.3 STREET ADDRESS 909 Pine St. 3.4 CITY-ST-ZIP Tallahassee, FL 32303	
4.1 TITLE S/D 4.2 NAME MARSH, JANICE 4.3 STREET ADDRESS 1531 CRISTOBAL DR 4.4 CITY-ST-ZIP TALLAHASSEE FL		4.1 TITLE P/D 4.2 NAME Ben Waddell 4.3 STREET ADDRESS 6988 Standing Pines 4.4 CITY-ST-ZIP Tallahassee, FL 32312	
5.1 TITLE D 5.2 NAME THE REV LILA BROWN 5.3 STREET ADDRESS 211 N MONROE ST 5.4 CITY-ST-ZIP TALLAHASSEE FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE Chairman 6.2 NAME Dudley, Eric D. 6.3 STREET ADDRESS 211 N. Monroe St. 6.4 CITY-ST-ZIP Tallahassee, FL 32301		6.1 TITLE 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.			
SIGNATURE: Karen Mica - Pres.		DATE 1-26-98 222-4789	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0007084	

CP2ED037 (10/97)