

FILE NOW: FILING FEE IS \$61.25

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90004 050 ****61.25

0007314

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14676

1. Corporation Name

EPISCOPAL CHILD CARE, INC.

Principal Place of Business

C/O KAREN MICA
211 N MONROE ST
TALLAHASSEE FL 32301
US

Mailing Address

C/O KAREN MICA
211 N. MONROE ST.
TALLAHASSEE FL 32301
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/30/1986

4. FEI Number

59-2697203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MICA, KAREN
211 N. MONROE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Lindsay Hardy

82 Street Address (P.O. Box Number is Not Acceptable)

211 N. Monroe St.

83

84 City

Tallahassee

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 617.0603, Florida Statutes.

SIGNATURE

Lindsay Hardy President

5-25-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MICA, KAREN
STREET ADDRESS 1262 MILLSTREAM
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ DELETE

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

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

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

TITLE D
NAME THE REV LILA BROWN
STREET ADDRESS 211 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE CD
NAME DUDLEY, THE REV ERIC
STREET ADDRESS 211 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Hardy, Lindsay
1.3 STREET ADDRESS 1638 Fernando Dr
1.4 CITY-ST-ZIP Tallahassee, FL 32303 ☒ Change ☐ Addition

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

3.1 TITLE TD
3.2 NAME Ben Waddill
3.3 STREET ADDRESS 6988 Standing Pines
3.4 CITY-ST-ZIP Tallahassee, FL 32312 ☒ Change ☒ Addition

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

5.1 TITLE D
5.2 NAME Harriet Harlan
5.3 STREET ADDRESS 901 Pine St
5.4 CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lindsay Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindsay Hardy 5-25-99
Date

222-4789
Daytime Phone #

CR2E037 (11/98)