

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # **N20490** (1)
1. Corporation Name
CHILD DEVELOPMENT CENTER OF POLK COUNTY, INC.



Principal Place of Business	Mailing Address
716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND FL 33805	716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND FL 33805

3. Date Incorporated or Qualified
05/05/1987

4. FEI Number 59-0774205	Applied For ☐	Not Applicable ☒
------------------------------------	---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, PAULA
716 EAST BELLA VISTA STREET
LAKELAND FL 33805

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	PRESIDENT
NAME	EARLEY, R.S.	1.2 NAME	TURBEVILLE, ANTONY
STREET ADDRESS	P.O. BOX 867 N/A	1.3 STREET ADDRESS	P.O. BOX 484 N/A
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	KATHLEEN, FL 33849
TITLE	VD	2.1 TITLE	1st VICE PRESIDENT
NAME	EARLEY, STEVEN	2.2 NAME	LOSCH, RONALD
STREET ADDRESS	P.O. BOX 867 N/A	2.3 STREET ADDRESS	P.O. BOX 407 N/A
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	LAKELAND, FL 33802
TITLE	SD	3.1 TITLE	
NAME	TRUEBLOOD, ALICE	3.2 NAME	
STREET ADDRESS	IMPERIAL SOUTHGATE, VALLA # 86	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BORDEN, JUDY	4.2 NAME	
STREET ADDRESS	410 COURTLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	COLLEEN KREMER, DIRECTOR
NAME	BARDEN, GLEN A.	5.2 NAME	6518 Shadow Court
STREET ADDRESS	1417 BRIARWOOD LN.	5.3 STREET ADDRESS	Lakeland, FL 33813
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	TURBEVILLE, TONY	6.2 NAME	
STREET ADDRESS	7323 FLORAL CIRCLE W	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 as an attachment with an address.

SIGNATURE:



1/20/98

941/683-6504

PRE037 (10/97)