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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N20490**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 05/05/1987 4. FEI Number 59-0774205 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SULLIVAN, PAULA
716 EAST BELLA VISTA STREET
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNEVILLE, ANTONY		1.2 NAME		
STREET ADDRESS	P.O. BOX 484 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	KATHLEEN FL 33849		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOSCH, RONALD		2.2 NAME		
STREET ADDRESS	P.O. BOX 407 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33802		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KREMER, COLLEEN		5.2 NAME	CAROLYN MORRELL	
STREET ADDRESS	6518 SHADOW COURT		5.3 STREET ADDRESS	P.O. BOX 407	
CITY-ST-ZIP	LAKELAND FL 33813		5.4 CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E037 (11/98)

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: [signature] Antony Turbeville 1/19/99 941/683-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #