2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90035 010 ****61.25

DOCUMENT # N20490

1. Entity Name
CHILD DEVELOPMENT CENTER OF POLK COUNTY, INC.

J40006640

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

01282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

SULLIVAN, PAULA
716 EAST BELLA VISTA STREET
LAKELAND, FL 33805

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORRELL, CAROYLN PO BOX 407 LAKELAND, FL 33802	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolyn Morrell P.O. Box 407 Lakeland, FL 33802	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRUEBLOOD, ALICE IMPERIAL SOUTHGATE, VALLA # 86 LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FREEMAN, TERRO 6372 TOCOBEGA DRIVE LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD John Scott 6647 Crescent Lake Drive Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORRELL, CAROLYN P O BOX 407 LAKELAND, FL 33802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD Janice Jones NDT Group P.O. Box 1076 Lakeland FL 33802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AIKEN, CHUCK P O BOX 3526 LAKELAND, FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Chuck Aiken 716 E. Bella Vista St. Lakeland, FL 33805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP UNDA, LUIS 5577 HIGHLANDS VISTA CIRCLE LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Luis Unda 5577 HIghlands Vista Circle Lakeland, FL 33813	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/12/04 863/683-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #