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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22436

1. Corporation Name

A CHILD'S PLACE, INC.

Principal Place of Business

142 FAIRVIEW AVENUE
DAYTONA BEACH FL 32114

Mailing Address

142 FAIRVIEW AVENUE
DAYTONA BEACH FL 32114

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

MOORE, CHARLES T
2111 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	S.
NAME	HITSON, JAMES	1.2 NAME	Gaynelle Posey
STREET ADDRESS	929 WELLS DRIVE	1.3 STREET ADDRESS	269 Glenbriar Circle
CITY-ST-ZIP	SOUTH DAYTONA FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	VP	2.1 TITLE	
NAME	WHITAKER, JAMES	2.2 NAME	
STREET ADDRESS	236 BOB WHITE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EDSON, BETTY ANN	3.2 NAME	
STREET ADDRESS	88 LORILARD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S. T.	4.1 TITLE	
NAME	JACKSON, MARY ANNE	4.2 NAME	
STREET ADDRESS	925 N GRADVIEW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CITEK, JANE	5.2 NAME	
STREET ADDRESS	2029 S PENISULA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	POWERS, DIANE E	6.2 NAME	
STREET ADDRESS	174 MARVIN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	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, with all other like empowered.

SIGNATURE: Diane E. Powers **SIGNATURE REQUIRED** *Diane E. Powers* 1/18/99 (904) 258-7611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)