

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25961

(6)

1. Corporation Name

FAMILY DAY CARE SERVICES, INC.

Principal Place of Business

**2820 ANTIETAM LANE
2919 E. N. MILITARY TRAIL #113
WEST PALM BEACH FL 33409**

Mailing Address

**2820 ANTIETAM LANE
2919 E. N. MILITARY TRAIL #113
WEST PALM BEACH FL 33409**



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

9. Name and Address of Current Registered Agent

**WILLIAMS, O'SHELIA
2820 ANTIETAM LANE LN
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

04/01/1988

3a. Date of Last Report

07/31/1995

4. FEI Number

65-0076258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12

TITLE

D

☐ DELETE

NAME

**WILLIAMS, ROBERT E.
615 WEDGEWOOD PLAZA DR.
RIVERA BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**HOLMES, HENRIETTA
2855 APALACHEE PKWY, B113
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**DONALDSON, BILLIE
1310 RUSSELL STREET
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

ED

☐ DELETE

NAME

**WILLIAMS, O'SHELIA
2820 ANTIETAM W.
WEST PALM BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

O'Shelia Williams

O'Shelia Williams

3/6/96 (919) 481-4850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)