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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31627 (5)

1. Corporation Name

THE EMPLOYER/CHILD CARE CONNECTION, INC.

Principal Place of Business

800 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704
US

Mailing Address

800 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704
US

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

OLSEN, SUSAN L.
800 SNELL ISLE BLVD NE
ST. PETERSBURG FL 33704

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

TITLE D
NAME ALBRIGHT, JAMES
STREET ADDRESS 701 SIXTH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME GORDON, JUDITH
STREET ADDRESS 9029 BAYWOOD PARK DRIVE
CITY-ST-ZIP SEMINOLE FL

TITLE D
NAME DICKSON, DIANA
STREET ADDRESS 535 20TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE P
NAME OLSEN, SUSAN
STREET ADDRESS 800 SNELL ISLE BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

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:

Susan L. Olsen Susan L. Olsen President

3/25/96

813 821-9305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)