

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N32260 (4)
1. Corporation Name
SMALL WORLD DAY CARE OF CITRUS COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:05

Principal Place of Business Mailing Address
C/O LYNNE OLIVER C/O LYNNE OLIVER
242 NE 7TH TERRACE 242 NE 7TH TERRACE
CRYSTAL RIVER FL 32629 CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/11/1989 3a. Date of Last Report 01/24/1994
4. FEI Number 59-2945128 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 34428 25 Country 29 34428 30 Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, LYNNE
242 NE 7TH TERRACE
CRYSTAL RIVER FL 32629

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code 34428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, LYNNE	1.2 NAME	
STREET ADDRESS	242 NE 7TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOBIASSEN, ANGELA	2.2 NAME	
STREET ADDRESS	33 N. SHADOW WOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, REBECCA KAY	3.2 NAME	
STREET ADDRESS	1360 N DUNKENFIELD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynne Oliver* LYNNE OLIVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 904-795-3597
Date Daytime Phone