

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION
CORPORATION REPORT

APPROVED
AND
FILED

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DOCUMENT # N37059

(5)

THREE BEARS CHILD CARE, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Principal Place of Business 103 E WARD AVE EUSTIS FL 32726 US		2a. Mailing Address 103 E WARD AVE EUSTIS FL 32726 US		3. Date incorporated or chartered 03/13/1990		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3006014		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. This corporation has not changed its principal place of business ☐		\$5.00 May Be Added to Fees	
24		29		7. Nonprofit with IRS 501(c)(3) Exempt Status ☐		\$68.75 Supplemental Fee Not Required	
25		30		8. This corporation is available for information under 5-1000000 Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent LAVENDER, KATHRYN, L 103 E. WARD AVE. EUSTIS FL 32726				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 the laws, regulations, and rules of the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of the laws and rules of the State of Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. AUTHORITY TO CHANGE OFFICERS AND DIRECTORS	
NAME	PD LAVENDER, KATHRYN L. 103 E. WARD AVE EUSTIS FL	14. Change	☐
NAME	VD MILLER, MARY ANN 103 E. WARD AVE EUSTIS FL	15. Change	☐
NAME	STD LOSIE, REBECCA, J 21 W QUAYLE AVE EUSTIS FL	16. Change	☐
NAME		17. Change	☐
NAME		18. Change	☐
NAME		19. Change	☐
NAME		20. Change	☐
NAME		21. Change	☐
NAME		22. Change	☐
NAME		23. Change	☐
NAME		24. Change	☐
NAME		25. Change	☐
NAME		26. Change	☐
NAME		27. Change	☐
NAME		28. Change	☐
NAME		29. Change	☐
NAME		30. Change	☐

14. I, the undersigned, certify that the information supplied with this filing is correct and true, and that I am not a partner, officer, director, or agent of the corporation. I further certify that this information is being filed for the purpose of changing the registered office or principal place of business in the State of Florida. I am familiar with and accept the provisions of the laws and rules of the State of Florida Statutes.

SIGNATURE: *Kathryn L. Lavender* *Feb. 28, 1995 904-483-0053*