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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N42127 1. Corporation Name

FIRST BAPTIST CHILD CARE CENTER, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90002 033 ****61.25

Principal Plac	e of Business	Mailing Address	•			1			
201 N FLORID	A AVE	301 N FLORIDA AVE.					IAAI EIBII AII	Bir ələn bibir bibi	(1 0 102) (00)
301 N FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801									
		<u>-</u> <u>-</u>						EN OLBH BIÐU ENÐ	
						1			
2. Principal P	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26				02/15/1991			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		App	plied For
22		27				59-3047648		Not	t Applicable
City & Stat	te	City & State				5. Certificate of Status Desired		\$8.75 A	
23		28				5. Certificate of Status Desired		Fee Re	quired
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\Box	\$5.00	May Be
24	25	29	30			Trust Fund Contribution	Ш	Added to	Fees
	9. Name and Address of Curr	rent Registered Agent		<u> </u>		10. Name and Address of New F	Registered	Agent	
				81	Name				
WELLS, E	LIGENE E			82	Street Addre	ss (P.O. Box Number is Not Accents	hle)		-
	ORIDA AVE.			82 Street Address (P.O. Box Number is Not Acceptable)			.2.0,		
	D FL 33801			83					
LANCLAINE	D FL 33601							11 ** 0	
				84	City	,	FL	85 Zip C	ode .
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	ites, the al	bove-	-named corpor	ration submits this statement for the	nurnosa o	f changing its	registered
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorized	by t	he corporation	s board of directors. I hereby accep	the appo	intment as reg	istered
agent. i a	im familiar with, and accept the obli	gations of, Section 617.0505, Fi	orida Siali	utes.			J., Q., & " 4 . 4 . 1	38 S 10 1 8 3 4	. १ ७ - ४३६
SIGNATURE									1
		goot and title if applicable (NO)	F Registered	Agent	signature required s	when reinstation)	DATE	•	
12.	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOT AND DIRECTORS	E: Registered 13.	Agent	signature required s	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AI	ND DIRECTO	R\$ IN 12
	OFFICERS	<u> </u>			signature required s	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	OFFICERS A	AND DIRECTORS	13. 1.1 Ⅲ	Π£	signature required s				
TITLE NAME	D DENNIS, JAY	AND DIRECTORS	13. 1.1 TT 1.2 NA	TLE VME		ADDITIONS/CHANGES TO OF			
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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:

941 - 688-8533 Davime Phone #