

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 022 ****70.00

DOCUMENT # N42127

1. Entity Name

FIRST BAPTIST CHILD CARE CENTER, INC.



Principal Place of Business

**1010 E MEMORIAL BLVD
 LAKELAND FL 33801**

Mailing Address

**1010 E MEMORIAL BLVD
 LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

P.O. Box 90669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33804

POIK

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, EUGENE E.
 301 N. FLORIDA AVE.
 LAKELAND FL 33801**

Name **Wells Eugene E.**

Street Address (P.O. Box Number is Not Acceptable)

1010 E. Memorial Blvd

City **Lakeland**

FL

Zip Code **33801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **DENNIS, JAY**
 STREET ADDRESS **1010 E MEMORIAL BLVD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **DIRECTOR** Change Addition
 NAME **Anita K. Lacey**
 STREET ADDRESS **1010 E. Memorial Blvd**
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **D** Delete
 NAME **WELLS, EUGENE E.**
 STREET ADDRESS **1010 E MEMORIAL BLVD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DYER, WANDA**
 STREET ADDRESS **1010 E MEMORIAL BLVD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anita K. Lacey** **Anita K Lacey 7-11-01** **863-688-8933**

CR2E037 (5/01)