

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N42127

1. Entity Name
FIRST BAPTIST CHILD CARE CENTER, INC.



Principal Place of Business
1010 E MEMORIAL BLVD
LAKELAND, FL 33801

Mailing Address
P.O. BOX 90669
LAKELAND, FL 33804

DO NOT WRITE IN THIS SPACE

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01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WELLS, EUGENE E.
1010 E MEMORIAL BLVD
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LACEY, ANITA K
1010 E MEMORIAL BLVD
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000027741
02/03/04-80059-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

863-688-8933

Daytime Phone #