


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<br>1010 E MEMORIAL BLVD<br>LAKELAND, FL 33801 | Mailing Address<br>P.O. BOX 90669<br>LAKELAND, FL 33804 |
|---------------------------------------------------------------------------|---------------------------------------------------------|

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DENNIS, JAY<br>1010 E MEMORIAL BLVD<br>LAKELAND, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WELLS, EUGENE E.<br>1010 E MEMORIAL BLVD<br>LAKELAND, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LACEY, ANITA K<br>1010 E MEMORIAL BLVD<br>LAKELAND, FL 33801 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

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02/03/04-80059-004 61.25  
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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* 1-29-04 863-688-8933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #