


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

4. FEI Number: **NO-T 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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	DENNIS, JAY 1010 E MEMORIAL BLVD LAKELAND FL
TITLE: <input type="checkbox"/> Delete	WELLS, EUGENE E. 1010 E MEMORIAL BLVD LAKELAND FL
TITLE: <input type="checkbox"/> Delete	LACEY, ANITA K 1010 E MEMORIAL BLVD LAKELAND FL 33801
TITLE: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	UN00010233832 02/17/05-80061-006 70.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* 2-10-05 863-688-8933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #