
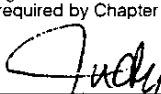


**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**



<b>DOCUMENT # N42650</b>			
<b>1. Entity Name</b> FORT MEADE CHILD DEVELOPMENT CENTER, INC.			
<b>Principal Place of Business</b> FORT MEAD CHILD DEVELOPMENT CENTER, I FT MEADE FL 33841		<b>Mailing Address</b> 15 SE PINE AVE FT MEADE FL 33841	
<b>2. Principal Place of Business</b> FORT MEADE CHILD DEVELOPMENT CENTER INC. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15 S.E. PINE AVE. Suite, Apt. #, etc.	
<b>City &amp; State</b> FORT MEADE FLA.		<b>City &amp; State</b>	
<b>Zip</b> 33841	<b>Country</b> POLK	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>			
HAVERTY, MILTON T. 15 S. PINE AVE. FT-MEADE-FL 33841			<b>Name</b>
			<b>Street Address</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HAVERTY, MILTON T 15 SOUTH PINE AVE FT MEADE FL	<input type="checkbox"/> Delete	<b>11.</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BIRDSON, JUDY 15 SOUTH PINE AVE FT. MEADE FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BAILEY, JOAN B 15 SOUTH PINE AVE FT MEADE FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> JUDY BIRDSONG DIRECTOR 1/24/05 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			