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

Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # N42650 1. Entity Name 01-31-2005 90052 028 ****61.75 FORT MEADE CHILD DEVELOPMENT CENTER, INC. Principal Place of Business Mailing Address FORT MEAD CHILD DEVELOPMENT CENTER, I 15 SE PINE AVE FT MEADE FL 33841 FT MEADE FL 33841 2. Principal Place of Business 3. Mailing Address FORT MEADE CHILD DEVELOPMENTT 15 S.E. PINE AVE. Suite, Apt. #, etc. CENTER INC. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For FORT MEADE FLA. 59-3061158 Not Applicable Country Zip Country \$8.75 Additional 33841 5. Certificate of Status Desired POLK 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAVERTY, MILTON T. Street Address (P.O. Box Number is Not Acceptable) 15 S. PINE AVE. FT: MEADE: FL 33841 City Žip 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution, Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete Change ☐ Addition HAVERTY, MILTON T 15 SOUTH PINE AVE STREET ADDRESS STREET ADDRESS FT MEADE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THILE Change ■ Addition BIRDSON, JUDY NAME 15 SOUTH PINE AVE STREET ADDRESS STREET ADDRESS FT.MEADE FL ·CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BAILEY, JOAN B NAME 15 SOUTH PINE AVE STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP FT MEADE FL CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: _JUDY BIRDSONG

FILED