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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43137 (1)

1. Corporation Name

KID ZONE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

832 W CANAL ST.
BELLE GLADE FL 33430

832 W CANAL ST.
BELLE GLADE FL 33430



3. Date Incorporated or Qualified
04/25/1991

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0260832

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILIS, CASSANDRA
832 W CANAL ST.
BELLE GLADES FL 33430

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Cassandra Willis

Cassandra Willis

1/13/97

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

(NOTE: registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME BERNARD, BETTY
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME TILLMAN, NOVELLA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILLIS, CASSANDRA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME PEAVY, MARGARET
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MORELAND, CASSANDRA
STREET ADDRESS 832 W CANAL ST.
CITY-ST-ZIP BELLE GLADE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cassandra Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0078803

CR2E037 (9/96)