

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43137

1. Corporation Name
KID ZONE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business
832 W CANAL ST.
BELLE GLADE FL 33430

Mailing Address
832 W CANAL ST.
BELLE GLADE FL 33430

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90123 046 ****70.00

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21	2. Principal Place of Business <i>832 W Canal Sts</i>	2a. Mailing Address <i>Same</i>	3. Date Incorporated or Qualified <i>04/25/1991</i>
22	Suite, Apt. #, etc. <i>Belle Glade FLA</i>	Suite, Apt. #, etc. <i></i>	4. FEI Number <i>65-0260832</i>
23	City & State <i>33430 Palm Beach</i>	City & State <i></i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip <i></i>	Zip <i></i>	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
25	Country <i></i>	29	30

9. Name and Address of Current Registered Agent WILIS, CASSANDRA 832 W CANAL ST. BELLE GLADES FL 33430		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City <i>FL</i>	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 *DeWitt Cassandra Willis Director CWilles 12/31/98*
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 NAME STREET ADDRESS CITY-ST-ZIP	DV BERNARD, BETTY 832 W CANAL ST. BELLE GLADE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TILLMAN, NOVELLA 832 W CANAL ST. BELLE GLADE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, CASSANDRA 832 W CANAL ST. BELLE GLADE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEAVY, MARGARET 832 W CANAL ST. BELLE GLADE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELAND, CASSANDRA 832 W CANAL ST. BELLE GLADE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98 501-992-4266
Date Daytime Phone #

CR2E037 (11/98)