

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006340 (3)

1. Corporation Name

QUALITY CHILD CARE CENTER, INC.



Principal Place of Business

Mailing Address

FAITH UNITED CHURCH OF CHRIST
2401 DREW STREET
CLEARWATER FL 34625

FAITH UNITED CHURCH OF CHRIST
2401 DREW STREET
CLEARWATER FL 34625

PH (725-4152)

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3284826

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

SMITH, DAVID C REV.
FAITH UNITED CHURCH OF CHRIST
2401 DREW STREET
CLEARWATER FL 34625

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

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 D ☐ DELETE
NAME BAKER, JAMES B
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

1.1 TITLE D,T ☐ Change ☒ Addition
1.2 NAME JOSEPH C. SKALSKI
1.3 STREET ADDRESS 4500-140TH AVE N, STE 214
1.4 CITY-ST-ZIP CLEARWATER, FL 34622

TITLE D ☐ DELETE
NAME BRINK, CAROLYN
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME MARY LOU REEVES
2.3 STREET ADDRESS % 2401 DREW STREET
2.4 CITY-ST-ZIP CLEARWATER, FL 34622

TITLE D ☐ DELETE
NAME COIL, SHARON
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

3.1 TITLE D,V ☒ Change ☐ Addition
3.2 NAME COIL, SHARON
3.3 STREET ADDRESS % 2401 DREW STREET
3.4 CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☐ DELETE
NAME HALL, PAUL
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DR. RUTH ORNSTON
4.3 STREET ADDRESS % 2401 DREW STREET
4.4 CITY-ST-ZIP CLEARWATER, FL 34622

TITLE D ☐ DELETE
NAME HENNESSY, CANDY
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

5.1 TITLE D,P ☐ Change ☒ Addition
5.2 NAME VANGIE MOSICH
5.3 STREET ADDRESS % 2401 DREW STREET
5.4 CITY-ST-ZIP CLEARWATER, FL 34622

TITLE D ☐ DELETE
NAME INGRAHAM, SHIRLEY
STREET ADDRESS % 2401 DREW STREET
CITY-ST-ZIP CLEARWATER FL 34625

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Priscilla Morrison
6.3 STREET ADDRESS % 2401 DREW STREET
6.4 CITY-ST-ZIP CLEARWATER, FL 34622

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vangie Mosich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vangie Mosich, President 2/8/96 (813) 442-7283
Date Daytime Phone

CR2E037 (12/95)

QUALITY CHILD CARE CENTER, INC.
Document #N94000006340 (3)

#13 Additions/Changes to Officers and Directors in 12	
1.1 Title	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 Name	SHIRLEY INGRAHAM
1.3 Street Address	% 2401 DREW STREET
1.4 City-ST-Zip	CLEARWATER, FL 34625
1.1 Title	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 Name	SALLY H. FOOTE
1.3 Street Address	% 2401 DREW STREET
1.4 City-ST-Zip	CLEARWATER, FL 34625
1.1 Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 Name	
1.3 Street Address	
1.4 City-ST-Zip	