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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006340 (3)**

1. Corporation Name

QUALITY CHILD CARE CENTER, INC.



Principal Place of Business FAITH UNITED CHURCH OF CHRIST 2401 DREW STREET CLEARWATER FL 34625	Mailing Address 2405 DREW ST CLEARWATER FL 34625-2816 US
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3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

59-3284826

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

33765

33765

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **JOSEPH C. SKALSKI**

82 Street Address (P.O. Box Number is Not Acceptable)
4500 - 140TH AVE. N.

83 **SUITE 214**

84 City **Clearwater**

FL

85 Zip Code **33762**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, JAMES B	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL 34625	

1.1 TITLE	DP President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FOOTE, SALLY	
1.3 STREET ADDRESS	40 2401 Drew St	
1.4 CITY - ST - ZIP	Clearwater, FL 33765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRINK, CAROLYN	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL 34625	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mosich, Vangie	
2.3 STREET ADDRESS	40 2401 Drew St	
2.4 CITY - ST - ZIP	Clearwater, FL 33765	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COIL, SHARON	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Delay, Rebecca	
3.3 STREET ADDRESS	40 2401 Drew St	
3.4 CITY - ST - ZIP	Clearwater, FL 33765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, PAUL	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL 34625	

4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hirst, William	
4.3 STREET ADDRESS	40 2401 Drew St	
4.4 CITY - ST - ZIP	Clearwater, FL 33765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNESSY, CANDY	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL 34625	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	INGRAHAM, SHIRLEY	
STREET ADDRESS	% 2401 DREW STREET	
CITY - ST - ZIP	CLEARWATER FL 34625	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE:

[Signature]

January 7, 1998 (813) 449-1212

CR2E037 (10/97)