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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006340

1. Corporation Name
QUALITY CHILD CARE CENTER, INC.

Principal Place of Business FAITH UNITED CHURCH OF CHRIST 2401 DREW STREET CLEARWATER FL 33765 US	Mailing Address 2405 DREW ST CLEARWATER FL 33765 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/28/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3284826
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SKALSKI, JOSEPH C 4500 - 140TH AVE N SUITE 214 CLEARWATER FL 33762	10. Name and Address of New Registered Agent 81 Name <u>Skalski Joseph C</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>14010 Roosevelt Blvd. Suite 708</u> 83 <u>PO Box 17799</u> 84 City <u>Clearwater</u> FL 85 Zip Code <u>33762</u>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	FOOTE, SALLY C/O 2410 DREW ST CLEARWATER FL 33765	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	MOSICH, VANGIE % 2401 DREW STREET CLEARWATER FL 33765	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	DELAY, REBECCA % 2401 DREW STREET CLEARWATER FL 33765	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DT	HIRST, WILLIAM % 2401 DREW STREET CLEARWATER FL 33765	4.1 TITLE	DT
NAME		4.2 NAME	Hampton, Susanne
STREET ADDRESS		4.3 STREET ADDRESS	C/O Drew Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, Fl 33765
TITLE D	HENNESSY, CANDY % 2401 DREW STREET CLEARWATER FL 34625	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE DS	INGRAHAM, SHIRLEY % 2401 DREW STREET CLEARWATER FL 34625	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Susanne Hampton SIGNATURE REQUIRED 4/15/99 Date 727-799-4602 Daytime Phone #

CR2F037 (11/98)