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FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000003432 (0)

1. Corporation Name

CHOICES COMMUNITY CHILDCARE RESOURCE AND REFERRAL, INC.

Principal Place of Business

Mailing Address

1000 PINE HILLS RD.  
A  
ORLANDO FL 32808

P. O. BOX 617233  
ORLANDO FL 32861-7233

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

59-3331338

Applied For

Not Applicable

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

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

SINGLETON, RUBYLEE  
CHOICES, INC.  
1000 PINE HILLS ROAD SUITE A  
ORLANDO FL 32808

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 PT ☐ DELETE  
NAME SINGLETON, RUBYLEE  
STREET ADDRESS 2108 SAN JOSE BLVD.  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE T ☐ DELETE  
NAME WILLIAMS, CELESTE  
STREET ADDRESS 1012 GINGER SPICE LANE  
CITY-ST-ZIP OCOEE FL 34761

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

TITLE T ☒ DELETE  
NAME JENKINS, RON  
STREET ADDRESS %1000 PINE HILLS ROAD, SUITE A  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE T ☐ DELETE  
NAME TURMAN, CARLA K  
STREET ADDRESS 1130 CENTER GROVE STREET  
CITY-ST-ZIP ORLANDO FL 32839

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

TITLE T ☐ DELETE  
NAME COWAN, TYLONDA  
STREET ADDRESS 2108 SAN JOSE BLVD  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE T ☐ DELETE  
NAME SINGLETON, HELETHIA W  
STREET ADDRESS 4245 LAKE RICHMOND DR.  
CITY-ST-ZIP ORLANDO FL 32805

6.1 TITLE ☐ Change ☐ 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:

*RubyLee Singleton*

4.30.98

886-0188

CR2E037 (10/97)