

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004808 (0)**

1. Corporation Name

**EQUAL START CHILD DEVELOPMENT CENTER, INC.**



Principal Place of Business <b>P.O. BOX 40874 - 519 W. 19th Street JACKSONVILLE FL 32202 32206</b>	Mailing Address <b>P.O. BOX 40874 - 519 W. 19th Street JACKSONVILLE FL 32203 Jacksonville, FL 32206</b>
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2. Principal Place of Business <b>21 519 West 19th Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 519 West 19th Street</b> Suite, Apt. #, etc.
22 City & State <b>23 Jacksonville, FL</b> 24 Zip <b>32206</b>	27 City & State <b>28 Jacksonville, FL</b> 29 Zip <b>32206</b>
25 Country <b>U.S.</b>	30 Country <b>U.S.</b>

3. Date Incorporated or Qualified <b>10/06/1995</b>	4. FEI Number <b>59-3346179</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>FROYZE, CHARLENE H 519 W. 19TH ST. JACKSONVILLE FL 32206</b>	
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81 Name <b>Denise Jackson</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>7856 Mendoza Dr.</b>
83 City <b>Jacksonville</b>	84 State <b>FL</b>
85 Zip Code <b>32206</b>	

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 **Denise Jackson - Jackson** **DENISE DAISE-JACKSON** **8 APR 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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FROYZE, CHARLENE H	
STREET ADDRESS	3228 BROCKETT WAY	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, DENISE	
STREET ADDRESS	10871 KEY HADDEN	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, BENNY SR.	
STREET ADDRESS	12677 BISCAYNE LAKE DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denise Jackson	
1.3 STREET ADDRESS	7856 Mendoza Dr.	
1.4 CITY - ST - ZIP	Jacksonville, FL 32217	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leverett Jackson	
2.3 STREET ADDRESS	7856 Mendoza Dr.	
2.4 CITY - ST - ZIP	Jacksonville, FL 32217	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlene Froyze	
3.3 STREET ADDRESS	11526 Sunshine Bay Ct.	
3.4 CITY - ST - ZIP	Jacksonville, FL 32218	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Denise Jackson	
4.3 STREET ADDRESS	7856 Mendoza Dr.	
4.4 CITY - ST - ZIP	Jacksonville, FL 32217	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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: **Denise Jackson - Jackson** **8 APR 98** **356-6780**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004369

CR2E037 (10/97)