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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000949 (4)

1. Corporation Name

EARLY CHILDHOOD CENTERS, INC.

Principal Place of Business

Mailing Address

5421 U.S. HIGHWAY 98 SOUTH
HIGHLAND CITY FL 33846

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HIGHLAND CITY FL 33846



3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

59-3448765

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 1388

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 HIGHLANDCITY, FL

24 Zip

25 Country

29 33846

30 USA

6. 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

WALKER, GARY
101 EAST KENNEDY BLVD
SUITE 4100
TAMPA FL 33602

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 **BISHOP, DIANNE**
 STREET ADDRESS **850 GLENDALE STREET**
 CITY-ST-ZIP **LAKELAND FL 33803**

1.1 TITLE **DT** ☐ Change ☒ Addition
 1.2 NAME **HART, TIM**
 1.3 STREET ADDRESS **114 N. TENNESSE AVE.**
 1.4 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **D** ☐ DELETE
 NAME **MORRISON, JOSEPH**
 STREET ADDRESS **3500 S FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND FL 33803-4869**

2.1 TITLE **DVC** ☒ Change ☐ Addition
 2.2 NAME **MORRISON, JOSEPH**
 2.3 STREET ADDRESS **3500 S. FLORIDA AVE.**
 2.4 CITY-ST-ZIP **LAKELAND, FL 33803-4869**

TITLE **D** ☐ DELETE
 NAME **MILLER, JULIA**
 STREET ADDRESS **402 SEARS AVE N.E.**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

3.1 TITLE **DS** ☒ Change ☐ Addition
 3.2 NAME **MILLER, JULIA**
 3.3 STREET ADDRESS **402 SEARS AVE N.E.**
 3.4 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ DELETE
 NAME **HALLOCK, DAVE**
 STREET ADDRESS **545 N BROADWAY AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

4.1 TITLE **DC** ☒ Change ☐ Addition
 4.2 NAME **HALLOCK, DAVE**
 4.3 STREET ADDRESS **545 N. BROADWAY AVE.**
 4.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D** ☒ DELETE
 NAME **SWARTZWELDER, LANA**
 STREET ADDRESS **POST OFFICE BOX 8188**
 CITY-ST-ZIP **LAKELAND FL 33807**

5.1 TITLE **P** ☐ Change ☒ Addition
 5.2 NAME **VIOLANO, ELAINE**
 5.3 STREET ADDRESS **149 OAK SQUARE NORTH**
 5.4 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ DELETE
 NAME **OLDHAM, HARRY**
 STREET ADDRESS **1537 N KETTLES AVE**
 CITY-ST-ZIP **LAKELAND FL 33805**

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:

ELAINE VIOLANO

01/16/98

(941) 644-8488

CR2E037 (10/97)