Applied For

\$8.75 Additional

Fee Required

Not Applicable

## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000949

EARLY CHILDHOOD CENTERS, INC.

Princ	ipal l	Place of Bu	JSir	1055
5421	11.0	HIGHWAY	QΩ	COLIT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

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

P.O. BOX 1388 HIGHLAND CITY FL 33846

2a. Mailing Address

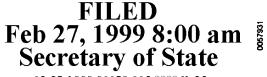
City & State

Suite, Apt. #, etc.

26

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02-27-1999 90078 005 \*\*\*\*61.25

|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/19/1997

59-3448765

4. FEI Number

Zip	Country	Zip	`	ountry			<ol><li>Election Campaign I</li></ol>	Financing	П	•		lay Be
1	25	29	30				Trust Fund Contribu				ded to	Fees
	9. Name and Address of Current F	Registered Agent				1	0. Name and Address	of New F	Registered	Agent		
				81	Name							
WALKER.	GARY			82	Street A	Address	(P.O. Box Number is N	lot Accepta	able)			****
	KENNEDY BLVD				O. Out	144.000	( 101 - 011 11 - 11 - 11		,			
SUITE 410				83								
TAMPA FL	= = =			84	City					85	Zip Co	vde
IAMIATE	20002			04	City				FL	.   "	_ip	,00
office or re	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such chance	ie was authoriz	ed by	the corpo	corporat oration's	ion submits this statem board of directors. I he	ent for the reby accer	purpose of pt the appo	changin intment a	g its regi	egistered stered
SIGNATURE		and to see the	(NOTE: Registe	od Agor	t cianatum m	navirod udu	en reinetating)		DATE			
12.	Signature, typed or printed name of registered agent at OFFICERS AND		(NOTE: Registe		it signature 78	edonaci Aus	ADDITIONS/CHANG	ES TO OF		ND DIRE	CTOR	S IN 12
TITLE	DT OFFICERS AND	DIRECTORS DE		TITLE						☐ Cha		Addition
NAME	HART, TIM	-	1.2	NAME								
STREET ADDRESS	114 N. TENNESSEE AVE		1.3	STREE	ADDRESS							
			CITY-S									
CITY-ST-ZIP	DVC	□ DE		TITLE						☐ Cha	nge	Addition
NAME	MORRISON, JOSEPH	_	. 2.2	NAME								
STREET ADDRESS	3500 S FLORIDA AVE		2.3	STREE	ADDRESS		_					
CITY-ST-ZIP	LAKELAND FL 33803-4869			CITY-S			_					
TITLE	DS	XI DE		TITLE		DS	· <del></del>			☐ Cha	nge	
NAME	MILLER, JULIA		3.2	NAME		Judy	y Moss					
STREET ADDRESS	402 SEARS AVE N.E.		3.3	STREE	ADDRESS		S. Broadway					
CITY-ST-ZIP	WINTER HAVEN FL 33881		34	CITY-S	T-7IP		tow, FL 3381	ลก				
TITLE	DC	□ DE		TITLE		ובמו	LUWS LL LID	<i>J</i> 1 <i>J</i>		Cha	nge	Addition
NAME	HALLOCK, DAVE	_		NAME								
STREET ADDRESS	545 N BROADWAY AVE				ADDRESS							
CITY-ST-ZIP	BARTOW FL 33830		4.4	CITY-S	T-ZIP							
TITLE	P	□ DE		TITLE						[] Cha	inge	☐ Addition
NAME	VIOLANO, ELAINE		5.2	NAME								
STREET ADDRESS	149 OAK SQUARE N		5.3	STREE	ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33813		5.4	CITY-S	T-ZIP							
TITLE		□ DE	LETE 6.1	TITLE						☐ Cha	inge	☐ Addition
NAME			64	NAME	İ							
STREET ADDRESS	1		6.3	STREE	ADDRESS							
CITY-ST-ZIP			6.4	CITY-S	T-ZIP							
14 Lharaby c	certify that the information supplied with on this annual report or supplemental a	this filing does not o	ualify for the e	xempt	ion stated	in Sect	ion 119.07(3)(i), Florida	Statutes.	I further ce	rtify that	the int	formation

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE/