FILE NOW: FILING FEE IS \$61.25

NON ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COMPONATIONS

1998

DOCUMENT # N97000001052 (6)

PETER PAN DAY CARE CENTER, INC.						
Principal Place of Business Mailing Address						
		1602 BRUTON BLVD. ORLANDO FL 32805			3. Date Incorporated or Qualified 02/25/1997 4. FEI Number Applied For	
8 64-4-16		100 1100 1100			59-3428702 Not Applicable	
2. Principal Place of Business 21 1602 Bruson BIVS 28 1602 Bruson			ton Blud		Certificate of Status Desired Sa.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27 27					Trust Fund Contribution Added to Fees	
City & State State Florida 28 Orlando 1			florida		7. Is this nonprofit corporation a homeowners association?	
Zip Country Zip			Country	13,	8. This corporation owes or has paid the current year Intangible	
<u>24] 328</u>	305 25 US Umerica	<u> 208865 P</u>	30 america	<u>a </u>	Personal Property Tax due June 30. Yes No 7/A	
	9. Name and Address of Current	Registered Agent	04 None		10. Name and Address of New Registered Agent	
81 Name					n/A	
SIPLIN, GARY A				reet Address (P.O. Box Number is Not Acceptable)		
1602 BRUTON BLVD.						
ORLANDO FL 32805			83	83		
			84 City		85 Zip Code	
And the second s					FL V Exp design	
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 Fiorida. 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 617.0903, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 617.0903, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered signature and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12,	Signature, typed or printed name of registered ager OFFICERS AND		13.	required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OFFICERS AND	DELETE	1,1 TITLE	ID A	wher merris Change Addition	
NAME	WILLIAMS, LILLIE PEARL		1.2 NAME	۳ ر	arter, merris Change Maddition 5230 n.o.B. T. apt #204 Orlando, florida 32810	
STREET ADDRESS	700 EAST ALPINE STREET		1.3 STREET ADDRESS	:	5230 n.v.B. T. 47 # 204	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	01	1.4 CITY-ST-ZIP		Orlanda Florida 32810	
TITLE	VD	DELETE	2,1 TITLE	<u> </u>	☐ Change ☐ Addition	
NAME	VENSON, MAXINE		2,2 NAME	ļ		
STREET ADDRESS	1602 BRUTON BLVD.		2.3 STREET ADDRESS		*	
CITY-ST-ZIP	ORLANDO FL 32805		2. 4 CITY-ST-ZIP	ŀ		
TITLE	\$D	DELETÉ	3.1 TITLE		4000024759@4hange Addition	
NAME	LAMAR, LILLIE JEAN		3.2 NAME	[-04/01/9 801093003	
STREET ADDRESS	1933 WILLIAMS MANOR AVE.		3.3 STREET ADDRESS	l	***61.25	
CITY - ST - ZIP	ORLANDO FL 32811		3.4. CITY-ST-ZIP	Ω		
TITLE	TD	X DELETE	4.1 TITLE		Change Addition	
NAME	LOCKLEY, JODI		4. 2 NAME	أيل	inda Thomas	
STREET ADDRESS	1933 WILLIAMS MANOR AVE.		4.3 STREET ADDRESS	3	16 I vey Rane	
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CITY - ST - ZIP	1	rlando Aloreda 32811	
TITLE	D	DELETE	5.1 TITLE	$ u _{I}$	Change Addition	
NAME	HALL, CAROLYN		5.2 NAME	"	Linda morris	
STREET ADDRESS	1602 BRUTON BLVD.		5.3 STREET ADDRESS	"	216 Ivey Xail.	
CITY-ST-ZIP	ORLANDO FL 32805		5.4 CITY - ST - ZIP	\mathcal{O}_{r}	Orlando, Glanda 328 /	
TITLE		☐ DELETE	6.1 TITLE	ַן ע	DIDOW, LEGETOWN	
NAME			6.2 NAME	19	33 Williams manor ave PE	
STREET ADDRESS			6.3 STREET ADDRESS	1	33 Williams manor ave PE Irlando florida, 22811 321	

14. Thereby 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:

FILED

Mar 31 1998 8:00am

Secretary of State