


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90059 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002582					
1. Corporation Name WATOTO CHILD CARE MINISTRY, INC.					
Principal Place of Business 3301 GRAY FOX COVE APOPKA FL 32703 US			Mailing Address P.O. BOX 608878 ORLANDO FL 32630-8878 US		



2. Principal Place of Business 21 4415 Florida National Dr.		2a. Mailing Address 26 Box 7547		3. Date Incorporated or Qualified 05/08/1997	
Suite, Apt. #, etc. 22 Suite 204		Suite, Apt. #, etc. 27		4. FEI Number 59-3445250	
City & State 23 Lakeland, FL		City & State 28 Lakeland, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33813		Zip 29 33807		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 USA			

9. Name and Address of Current Registered Agent BEESLEY, GARY H 1325 VALLEY PINE CIRCLE APOPKA FL 32712				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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  DATE **Apr 30, 1999**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PD SKINNER, GARY M				1.2 NAME			
STREET ADDRESS 1002 SOUTHLAWN DRIVE				1.3 STREET ADDRESS			
CITY-ST-ZIP PETERBOROUGH, ONTARIO CANAD				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D. BEESLEY, GARY H				2.2 NAME			
STREET ADDRESS 1325 VALLEY PINE CIRCLE				2.3 STREET ADDRESS			
CITY-ST-ZIP APOPKA FL 32712				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STD LAIRD, RAYMOND				3.2 NAME			
STREET ADDRESS 10095 PARADISE BLVD.				3.3 STREET ADDRESS			
CITY-ST-ZIP TREASURE ISLAND FL 33706				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME D. Randy Sohnen				4.2 NAME			
STREET ADDRESS 6745 Century Ave				4.3 STREET ADDRESS			
CITY-ST-ZIP Mississauga, On Canada				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:  DATE **Apr 30, 1999** (407) 814-0250

CR2E037 (11/98)