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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004297

1. Corporation Name
BRADENTON ACADEMY CARING FOR KIDS, INC.
DBA BRADENTON ACADEMY PARENT GROUP

Principal Place of Business Mailing Address
 6210 17TH AVE W 6210 17TH AVE W
 BRADENTON FL 34209 BRADENTON FL 34209



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/24/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0881243
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
JACKMAN, JAMES D ESQ. 4608 26TH ST W BRADENTON FL 34207	82 Street Address (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
	83	
	84 City	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Finno, Tranette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, DIANE	1.2 NAME	
STREET ADDRESS	6210 17TH AVE W	1.3 STREET ADDRESS	3602 6th St. West D, VP, S
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Tranette <input checked="" type="checkbox"/> Addition
NAME	HEDGECOCK, SUSAN	2.2 NAME	
STREET ADDRESS	6210 17TH AVE W	2.3 STREET ADDRESS	6210 17th Ave W
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D, P <input type="checkbox"/> DELETE	3.1 TITLE	Adrienne Webster <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKMAN, LORRAINE	3.2 NAME	
STREET ADDRESS	1811 80TH ST CT W	3.3 STREET ADDRESS	7819 San Juan Ave.
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	Bradenton, FL 34209 D, T
TITLE	_____ <input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: *Lorraine Jackman* SIGNATURE REQUIRED: *P. Jackman Pres.* 4-29-99 941-794-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)