FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800004728

1. Corporation Name
BSB Early Childhoud Educational
and Developmental Center, Inc.

2a. Mailing Address

Suite, Apt. #, etc.

Principal Place of Business 5 S.W. 3rd Street wana, FL 32333 Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90265 033 ****61.25

* 5 39065 - 90265 - 33 5

3. Date Incorporated or Qualifed

22	27					\smile \cup	INOL	Applicable
City & State	City & S	tate			5. Certifcate of Status Desired		\$8.75 A	
23	28						Fee Red	<u> </u>
Zip Country	Zip	c	ountry		6. Election Campaign Financing	, _	\$5.00 1	
24 25	29	30			Trust Fund Contribution		Added to	Fees
9. Name and Address of Cur	rent Registered Ag	ent	- -	*	10. Name and Address of New	Registere	d Agent	
Thomas de Carana			81	Name				
Jeanette Green	,		82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
940 Sikes Street Quincy, FL 32351			83					
100 NOW 1 1 323	51				200		or Zin C	
quinted) Pr Jus	- 1		84	City		F	L 85 Zip C	oue
Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl	ate of Florida. Such o	change was authoriz	red by t	-named corpo he corporation	oration submits this statement for the on's board of directors. I hereby acc	e purpose o	of changing its r ointment as reg	egistered istered
Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Agent	signature required	d when reinstating)	BATE		
12. OFFICERS	AND DIRECTORS	1	3.	.,	ADDITIONS/CHANGES TO C	FFICERS A		
TIME Presidentity	$> (-1)^{-1}$	☐ DELETE 1.1	TITLE				Change	Addition Addition
NAME TO THE TAXABLE PROPERTY.	Sichards	M 12	2 NAME					
STREET ADDRESS	7. 7.		STREET	ADDRESS				•
M-ST-ZIP 915 S.W. 3 St., Havana, FL3231			1.4 CITY-ST-ZIP		<u></u>			
TITLE MET Profiner	_ ′	DELETE 2.	1 TITLE				Change	Addition
NAME VICE / (CS) CS PTN	= Who	2.2	2 NAME					
STREET ADDRESS / Wargavet, I	runnin	2.3	3 STREET	ADDRESS				
CITY-ST-ZIP 915 S.W. 312	St. Haw	lanath 2	4 CITY - ST	r-ZIP				
TITLE TWO SILVE /T)	☐ DELETE 3.1	1 TITLE				Change	☐ Additio
NAME THE CONTRACTOR	of a deal	32	2 NAME					
STREET ADDRESS ROBERTE	chanaso	<i>y</i> /, 33	3 STREET	ADDRESS				
CITY-ST-ZIP 915 S.W. 35	St. Hava	nait 3	4. CITY-S]	r-ZIP		_		
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NAME 73/50	Orden	4.	2 NAME					
STREET ADDRESS	Chilin	(and 17) 43	3 STREET	ADDRESS				
CITY-ST-ZIP 415 3, W. 3	JATIMO	and PL	4 CITY-ST	-ZIP				
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NAME		52	2 NAME					
STREET ADDRESS		5.3	3 STREET	ADDRESS				
CITY-ST-ZIP			4 CITY-ST	-ZIP				
TITLE		DELETE 6.1	TITLE				☐ Change	Addition
NAME		8.2	2 NAME					
STREET ADDRESS		6.3	STREET	ADDRESS				
		6.4	CITY-ST	- ZIP				
CITY-ST-ZIP 14. hereby certify that the information supplied								

Block 12 or Block 13 if changed, or on an attachine nuith an address, with all other like empowered.

SIGNATURE: IG OFFICER OR DIRECTOR

Applied For