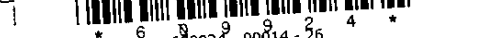


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CR2E037 (11/98)

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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: ~~SIGNATURE REQUIRED~~ *Robert G. Hobay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT G. HOBAY, TREASURER

N98000005834
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Community Child Care Center of Fort Pierce Inc.

Board of Directors

Jean Bridges President
5720 Briargate Lane
Fort Pierce, Fl. 34981

Colleen Boyce Secretary
1144 S.E. Palm Beach Rd
Port St. Lucie, Fl. 34952

Jane Brooks D
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Fort Pierce, Fl. 34949

Robert Hobby Treasurer
2171 S.E. Abcor Rd
Port St. Lucie, Fl. 34952

Robert Holmstrom D
5795 Magnolia Lane
Vero Beach, Fl. 32967

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