FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:39

DOCUMENT # P09870 (7)

1. Corporation Name

BOBBIE NOONAN'S CHILD CARE INC. OF FRANKFORT ILL INOIS

Principal Place of Business	Mailing Address
8717 W ROUTE 30 FRANKFORT IL 60423	8717 W ROUTE 30 FRANKFORT IL 60423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 02/16/1994
4. FEI Number: 36-3037234 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9717 W ROUTE 30	26 8717 W. ROUTE 30
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FRANKFRT ILLINOIS	28 City & State: FRANFORT ILLINOIS
24 Zip: 60423 25 Country: WILL	29 Zip: 60423 30 Country: WILL

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOONAN JOSEPH G.
4745 ESTERO BLVD.
1403A
FT. MYERS BEACH FL 33913

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph G. Noonan — 2/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NOONAN, JOSEPH G.	1.2 NAME	
STREET ADDRESS	16665 WATERS EDGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOONAN, ROBERTA L.	2.2 NAME	
STREET ADDRESS	8600 W. RTE 30	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT IL	2.4 CITY-ST-ZIP	
TITLE	SM	3.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, LEONA	3.2 NAME	
STREET ADDRESS	5528 3RD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	FARRELL, THOMAS J.	4.2 NAME	
STREET ADDRESS	9640 S. KILPATRICK	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAWN IL	4.4 CITY-ST-ZIP	
TITLE	SM	5.1 TITLE	☐ Change ☐ Addition
NAME	RAJKOVIC, DIANE	5.2 NAME	
STREET ADDRESS	6083 LAKEFRONT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	SM	6.1 TITLE	☐ Change ☐ Addition
NAME	SARCENO, LAURA	6.2 NAME	
STREET ADDRESS	7020 ESTERO BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joseph G. Noonan — 2/3/95 — 815 469-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074650