

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P09870 (7)**

1. Corporation Name

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

Principal Place of Business

**8717 W ROUTE 30  
FRANKFORT IL 60423  
US**

Mailing Address

**8717 W ROUTE 30  
FRANKFORT IL 60423  
US**



3. Date Incorporated or Qualified

**04/22/1986**

3a. Date of Last Report

**02/13/1995**

4. FEI Number

**36-3037234**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

*Joseph G. Noonan*

**JOSEPH G. NOONAN**

(NOTE: Registered Agent signature required when re-stating)

**1/19/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOONAN, JOSEPH G.	
STREET ADDRESS	16665 WATERS EDGE COURT	
CITY-STATE-ZIP	FT MYERS FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	NOONAN, ROBERTA L.	
STREET ADDRESS	8600 W. RTE 30	
CITY-STATE-ZIP	FRANKFORT IL	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	JACOBS, LEONA	
STREET ADDRESS	5528 3RD AVE.	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FARRELL, THOMAS J.	
STREET ADDRESS	9640 S. KILPATRICK	
CITY-STATE-ZIP	OAKLAWN IL	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	RAJKOVIC, DIANE	
STREET ADDRESS	6083 LAKEFRONT DR.	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	SM	<input checked="" type="checkbox"/> DELETE
NAME	SARCENO, LAURA	
STREET ADDRESS	7820 ESTERO BLVD.	
CITY-STATE-ZIP	FT. MYERS BCH. FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOONAN, JOSEPH G.	
1.3 STREET ADDRESS	4745 ESTERO BLVD 1403A	
1.4 CITY-STATE-ZIP	FT MYERS BEACH FL	
2.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOONAN ROBERTA L.	
2.3 STREET ADDRESS	4745 ESTERO BLVD 1403A	
2.4 CITY-STATE-ZIP	FT MYERS BEACH FL	
3.1 TITLE	SM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACOBS LEONA	
3.3 STREET ADDRESS	2503 10TH WEST	
3.4 CITY-STATE-ZIP	LEHIGH ACRES FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	SM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HAMPTON TRACEY	
6.3 STREET ADDRESS	3351-4 ROYAL CANADIAN TERRACE	
6.4 CITY-STATE-ZIP	FT MYERS, FL	

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)(k), 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*

**JOSEPH G. NOONAN PD**

**1/19/96**

**815 469 2920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)