

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038416 (2)

1. Corporation Name

BARTOW COMMUNITY CHILD CARE, INC.



Principal Place of Business

302 EAST PARK ST.
AUBURNDALE FL 33823

Mailing Address

302 EAST PARK ST.
AUBURNDALE FL 33823

3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3184427

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, TERRIE L
302 E. PARK ST.
AUBURNDALE FL 33823

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the address)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D HOWELL, TERRIE L
STREET ADDRESS
1252 KEYSTONE COURT
CITY - ST - ZIP
AUBURNDALE FL 33823

TITLE ☒ DELETE

NAME
D HOLTON, SHEILA J
STREET ADDRESS
3214 IOWA RD.
CITY - ST - ZIP
LAKELAND FL 33803

TITLE ☐ DELETE

NAME
D DESENA, VIRGINIA D
STREET ADDRESS
2410 HARTRIDGE POINT DR. WEST
CITY - ST - ZIP
WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Terrie L. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRIE L. HOWELL

4-26-96

941-965-3779

CR2E034 (12/95)