

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # S43966 (8)**

95 JUN 22 AM 9:30

1. Corporation Name

**MELBOURNE CHILDREN'S CENTER, INC.**

Principal Place of Business

Mailing Address

33 PARK HILL BLVD.  
 W. MELBOURNE FL 32904

33 PARK HILL BLVD.  
 W. MELBOURNE FL 32904  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1991** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**59-3064636**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

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

23

28

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTERRE, W. KENNETH  
 33 PARK HILL BLVD.  
 W. MELBOURNE FL 32904**

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 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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**P  
 SANTERRE, W. KENNETH  
 33 PARK HILL BLVD.  
 W. MELBOURNE FL**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

Change  Addition

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)(b), 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:

*W. Kenneth Santerre* **W. Kenneth Santerre 6-17-95**

PRINTED AND TYPED ON PHOTOCOPIED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone #

**(407) 984-3604**

CR2E034 (3/95)