

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V18781

(7)

1. Corporation Name

WENDY DEFORNO FAMILY DAY CARE HOME, INC.

Principal Place of Business

5135 NASHVILLE DR
TAMPA FL 33624

Mailing Address

5135 NASHVILLE DR
TAMPA FL 33624



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

DEFORNO, WENDY
5135 NASHVILLE DR
TAMPA FL 33624

81 Name

82 Street Address P.O. Box Number is Not Acceptable

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/03/1992

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3108891

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEFORNO, WENDY
5135 NASHVILLE DR
TAMPA FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEFORNO, RONALD
5135 NASHVILLE DR
TAMPA FL

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 it is a legal under oath, that I am an officer or director of the corporation or the receiver or trustee or employee of the corporation, 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 attached list with an address.

SIGNATURE: Wendy L. Deforno Wendy L. Deforno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

969-3537
Exhibit Fee

CR2E034 (12/95)