

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V56893** (3)

1. Corporation Name

**COCOA BEACH CHILDREN'S CENTER, INC.**



Principal Place of Business

**400 SOUTH 4TH ST  
COCOA BEACH FL 32931  
US**

Mailing Address

**PO BOX 320908  
COCOA BEACH FL 32932  
US**

3. Date Incorporated or Qualified  
**08/07/1992**

3a. Date of Last Report  
**05/01/1995**

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

4. FEI Number

**59-3138873**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

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

**ELLEN, HENRY  
107 FIRST ST  
MERRITT ISLAND FL 32953**

81

Name

**Sheila Bates**

82

Street Address (P.O. Box Number is Not Acceptable)

**10 BOUGAINVILLEA DR.**

83

84

City

**Cocoa Beach**

FL

85

Zip Code

**32931**

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

**Sheila S Bates**

(Print Name of Agent Signature Required when Changing)

**24 APR/96**

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **PSD  
BATES, SHEILA**  
STREET ADDRESS **10 BOUGAINVILLEA DR.**  
CITY- ST- ZIP **COCOA BEACH FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP **32931**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **VTD  
HENRY, ELLEN**  
STREET ADDRESS **107 FIRST STREET**  
CITY- ST- ZIP **MERRITT ISLAND FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP **32953**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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)(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

**Sheila S Bates**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**24 APR/96**

Date

**407 868 1617**

Daytime Phone

CR2E034 (12/95)