

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38335** (8)
1. Corporation Name
THE FLORIDA SCHOOL-AGE CHILD CARE COALITION, INC



Principal Place of Business C/O CHRISTINE F. SHAGINAW 21129 REINDEER RD CHRISTMAS FL 32709	Mailing Address C/O CHRISTINE F. SHAGINAW 21129 REINDEER RD CHRISTMAS FL 32709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Carol Gibson Suite, Apt. #, etc. 22 7216 matchett Rd City & State 23 Orlando, FL Zip 24 32809		2a. Mailing Address 26 C/O Carol Gibson Suite, Apt. #, etc. 27 PO Box 590042 City & State 28 Orlando, FL Zip 29 32859 Country 30 USA		3. Date Incorporated or Qualified 05/24/1990	3a. Date of Last Report 05/28/1996
				4. FEI Number 59-3062864	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHAGINAW, CRISTINE F 21129 REINDEER RD CHRISTMAS FL 32709		10. Name and Address of New Registered Agent 81 Name Carol Gibson 82 Street Address (P.O. Box Number is Not Acceptable) 7216 Matchett Rd 83 84 City Orlando FL 85 Zip Code 32809	
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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 **Carol A. Gibson** **Carol A. Gibson** **9-5-97**
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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D Gary Shelt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUELLER, TOM		1.2 NAME	
STREET ADDRESS 1228 PINEVIEW AVE		1.3 STREET ADDRESS 500 E. Ocean Blvd.	
CITY-ST-ZIP CLEARWATER FL 34616		1.4 CITY-ST-ZIP Stuart, FL 34994	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARK, LIZ		2.2 NAME	
STREET ADDRESS 620 E UNIVERSITY AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEYTE-VIDAL, JOSEPHINE		3.2 NAME Jennifer Farber	
STREET ADDRESS 438 SW 3RD STREET		3.3 STREET ADDRESS 3625 Fowler St.	
CITY-ST-ZIP OCALA FL		3.4 CITY-ST-ZIP Ft. Myers, FL 33901	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ATKINSON, JIM		4.2 NAME Kate Taluga	
STREET ADDRESS 1776 INDEPENDENCE LANE		4.3 STREET ADDRESS 2003 Apalachee Parkway #206	
CITY-ST-ZIP MAITLAND FL		4.4 CITY-ST-ZIP Tallahassee, FL 32301	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCOTT, PHYLLIS		5.2 NAME Diane Koenig	
STREET ADDRESS 1900 N MILLS AVE		5.3 STREET ADDRESS 12050 E. Colonial Dr.	
CITY-ST-ZIP ORLANDO FL 32803		5.4 CITY-ST-ZIP Orlando, FL 32826	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATHEY, BETH		6.2 NAME	
STREET ADDRESS 3625 FOWLER ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Diane Koenig** **9-5-97** **122-1941**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)