

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708985

Entity Name: CHILDHOOD DEVELOPMENT SERVICES, INC.**Current Principal Place of Business:**1515 E SILVER SPRINGS BLVD
SUTIE 119-1
OCALA, FL 34470**Current Mailing Address:**1515 E SILVER SPRINGS BLVD
SUTIE 119-1
OCALA, FL 34470 US**FEI Number:** 59-1262700**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS-WEBBER, AUDREY V
1515 E SILVER SPRINGS BLVD
SUTIE 119-1
OCALA, FL 34470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** AUDREY V. WILLIAMS-WEBBER

02/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name BRANSON, RUSTY
Address 1632 E SILVER SPRINGS BLVD
City-State-Zip: Ocala FL 34470

Title SECRETARY
Name MAZZARA, CAROL
Address 1601 N E 25TH AVENUE
900
City-State-Zip: Ocala FL 34470

Title PRESIDENT
Name GREENE, SARAH
Address 1601 NE 25TH AVE, SUITE 900
City-State-Zip: Ocala FL 34470

Title VP
Name SHIPP, JEANNIE
Address 1601 N E 25TH AVENUE
900
City-State-Zip: Ocala FL 34470

Title DIRECTOR OF FINANCE
Name WILLIAMS-WEBBER, AUDREY
Address 1601 N E 25TH AVENUE
900
City-State-Zip: Ocala FL 34470

Title EXECUTIVE DIRECTOR
Name WATERS, LUZONIA
Address 1515 E SILVER SPRINGS BLVD
SUTIE 119-1
City-State-Zip: Ocala FL 34470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY WILLIAMS-WEBBER

DIRECTOR OF FINANCE

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date