

2024 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

01/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	SHIPP, JEANNIE
Address	1515 E. SILVER SPRINGS BLVD OCALA 119-1
City-State-Zip:	OCALA FL 34470

Title	SECRETARY
Name	OKOH, MERRIT
Address	1515 E SILVER SPRINGS BLVD 119-1
City-State-Zip:	OCALA FL 34470

Title	DIRECTOR OF FINANCE
Name	WILLIAMS-WEBBER, AUDREY
Address	1515 E. SILVER SPRINGS BLVD 119-1
City-State-Zip:	OCALA FL 34470

Title	PRESIDENT
Name	GREENE, SARAH
Address	1515 E SILVER SPRINGS BLVD 119-1
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: SARAH GREENE

DIRECTOR OF FINANCE

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date