

**2021 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

02/01/2021

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 OKOH, MERRIT  
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 VP  
Name SHIPP, JEANNIE  
Address 1515 E. SILVER SPRINGS BLVD  
OCALA 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 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 V. WILLIAMS-WEBBER

DIRECTOR OF FINANCE

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date