

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002582

**Entity Name:** WATOTO CHILD CARE MINISTRY, INC.**Current Principal Place of Business:**258 CRYSTAL GROVE BLVD  
LUTZ, FL 33548**Current Mailing Address:**P.O. BOX 1320  
LUTZ, FL 33548 US**FEI Number:** 59-3445250**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STUTZMAN, EUGENE US DIR  
258 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title CHAIRMAN  
Name SKINNER, GARY M  
Address 258 CRYSTAL GROVE BLVD  
City-State-Zip: LUTZ FL 33548

Title BOARD MEMBER  
Name WENDLAND, BEN  
Address 11171 RIVER RD  
City-State-Zip: RICHMOND V6X 1-26

Title BOARD MEMBER  
Name KOKE, ROB  
Address 258 CRYSTAL GROVE BLVD  
City-State-Zip: LUTZ FL 33548

Title CFO  
Name KING, VALERIE S  
Address 258 CRYSTAL GROVE BLVD  
City-State-Zip: LUTZ FL 33548

Title SECRETARY  
Name YOUNG, SCOTT  
Address 4882 WILDE POINT DR  
City-State-Zip: SARASOTA FL 34233

Title BOARD MEMBER  
Name WAGNER, PHILIP  
Address 19220 STARE STREET  
City-State-Zip: NORTHRIDGE CA 91324

Title CEO  
Name STUTZMAN, EUGENE  
Address 258 CRYSTAL GROVE BLVD  
City-State-Zip: LUTZ FL 33548

Title BOARD MEMBER  
Name CORY, WALL  
Address 10549 SAN TRAVASO DR.  
City-State-Zip: TAMPA FL 33647

**Continues on page 2**

*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:** VALERIE KING**DIRECTOR OF FINANCE****01/20/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	KELLY, SHARON
Address	10000 NORTH GREAT NECK ROAD
City-State-Zip:	VIRGINIA BEACH VA 23454