FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SARASOTA DAY NURSERY INC

Principal Place of Business		Mailing Address			ELV ETBIL OVEK BIÐÍT ÐIÐIT QIÐIT LÆÐI
1723 NORTH ORANGE AVENUE SARASOTA FL 34234 US		1723 NORTH ORANGE AVENUE SARASOTA FL 34234 US		3. Date Incorporated or Qualified	
				05/19/1961	· · · · · · · · · · · · · · · · · · ·
				4. FEI Number 59-0968249	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat	<u> </u>	City & State		7. Is this nonprofit corporation a homeo	Added to Fees
23		28		7. Is this horiptoin corporation a nonneo	
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the	e current year Intangible
24	25]		30	Personal Property Tax due June 30.	☐ Yes ☐ No ⚠A
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
500110	3 4FA		81 Name	Philip Tavill	
BOGUSZ, TED			82 Street A	Address (P.O. Box Number is Not Acceptable)	1.4
6509 WATERFORD CIRCLE SARASOTA FL 34238			63	1723 M. Orange-Wi	<u> </u>
ONINO	71K T E 34230				
			84 City	Sarasota	FL 85 Zip Code 34234
11. Pursuant	to the provisions of Sections 617.050)2 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpo	se 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 large at 1					
SIGNATURE	Ohilis Jave	eni andettie it applicable (NOTE	Registered Agent signature	actor Corners	251,1978
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Application of the state of the	☐ Change ☐ Addition
NAME	BOGUSZ, TED	•	1.2 NAME		
STREET ADDRESS	6509 WATERFORD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	PD	Change Addition
NAME	HARVEY, TREVOR		2.2 NAME	10	
STREET ADDRESS	1880 6TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VD	
NAME	JORDAN, GINA		3.2 NAME	•	
STREET ADDRESS	5766 RAVENWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	Doutte	3.4. CITY - ST - ZIP		Addition
TITLE	SD SUMMED SHOW	☐ DELETE	4.1 TITLE	TO	Change Addition
NAME	CHANDLER, DICK 3511 65 AVE CIR EAST		4.2 NAME	ı "	
STREET ADDRESS	SARASOTA FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	50	Change Addition
NAME	William Cunnin		5.2 NAME	William Gunningha	~
STREET ADDRESS	8254 Cypress H	Fillow Dr.	5.3 STREET ADDRESS	William Cunningha 8254 Cypress Hollow Sarasota, Fr 3423	Dr.
CITY-ST-ZIP	Socasota Fr 34	1238	5.4 CITY-ST-ZIP	5000 Sol 6 3472	× i
TITLE		DELETE	61 TITLE	- WUSDEN, IL STES	Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST-7IP			SACITY-ST-7IP		

14. I 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 trustoe 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: WWWD. Harvy

FILED

Feb 16 1998 8:00am

Secretary of State