

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733411** (3)
1. Corporation Name
COMMUNITY DAY CARE CENTER OF AVON PARK, INC.



Principal Place of Business
**136 E CORNELL ST
AVON PARK FL 33825**

Mailing Address
**136 E CORNELL ST
AVON PARK FL 33825**

3. Date Incorporated or Qualified
07/29/1975

3a. Date of Last Report
01/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 51-0182725		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FURR, SHIRLEY
92 LAKE BYRD BLVD.
AVON PARK FL 33825**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENTZELL, FREDA	1.2 NAME	Gloria Walker
STREET ADDRESS	126 E CANFIELD ST	1.3 STREET ADDRESS	3814 Tongue St
CITY - ST - ZIP	AVON PARK, FL 00000	1.4 CITY - ST - ZIP	Sebring, FL 33872
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGE, JAMIE	2.2 NAME	T.Y. Bradley mckenzie
STREET ADDRESS	40 E WOLF	2.3 STREET ADDRESS	1151 E. Lolita
CITY - ST - ZIP	AVON PARK, FL 00000	2.4 CITY - ST - ZIP	Avon Park, FL 33825
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURR, SHIRLEY	3.2 NAME	
STREET ADDRESS	92 LAKE BYRD BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, BETTY	4.2 NAME	
STREET ADDRESS	67 LAKE DAMON DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRESS, J.T.	5.2 NAME	
STREET ADDRESS	405 E. OAK STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK, FL 00000	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)