


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33825-4118
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3. Date Incorporated or Qualified 07/29/1975	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 51-0182725 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Shirley Furr*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALKER, GLORIA	
STREET ADDRESS	3814 TONGUE ST	3814 Tangier St
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDGE, JAMIE	
STREET ADDRESS	40 E WOLF	
CITY-ST-ZIP	AVON PARK, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FURR, SHIRLEY	
STREET ADDRESS	92 LAKE BYRD BLVD	
CITY-ST-ZIP	AVON PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURCH, BETTY	
STREET ADDRESS	67 LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDRESS, J.T.	
STREET ADDRESS	405 E. OAK STREET	
CITY-ST-ZIP	AVON PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, T V BUDDY	
STREET ADDRESS	1151 E LOTELA	
CITY-ST-ZIP	AVON PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 *Shirley Furr* **Shirley Furr**

CR2E037 (9/96)