

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
51-0182725

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21 800 S. Delaney Suite, Apt. #, etc.	2a. Mailing Address 26 800 S. Delaney Suite, Apt. #, etc.
22 Avon Park, FL City & State	27 Avon Park, FL City & State
23 33825 Zip	28 33825 Zip
24 Highlands Country	30 Highlands Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *N/A*

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, GLORIA	1.2 NAME	Margaret Turnbull
STREET ADDRESS	3814 TANGIER ST.	1.3 STREET ADDRESS	2011 Locke Lotela
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGE, JAMIE	2.2 NAME	
STREET ADDRESS	40 E WOLF	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 00000	2.4 CITY-ST-ZIP	
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 checked="" 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, T V BUDDY	6.2 NAME	
STREET ADDRESS	1151 E LOTELA	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	6.4 CITY-ST-ZIP	

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 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: _____ DATE: **1/13/98** **941-452-1069**

CR2E037 (10/97)