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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

Mailing Address

136 E CORNELL ST
AVON PARK FL 33825

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

2a. Mailing Address

21 800 S. Delaney
Suite, Apt. #, etc.

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 33825
Country

29 33825
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

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALKER, GLORIA
STREET ADDRESS 3814 TANGIER ST.
CITY-ST-ZIP SEBRING FL

TITLE SD
NAME EDGE, JAMIE
STREET ADDRESS 40 E WOLF
CITY-ST-ZIP AVON PARK, FL 00000

TITLE PD
NAME FURR, SHIRLEY
STREET ADDRESS 92 LAKE BYRD BLVD
CITY-ST-ZIP AVON PARK, FL 00000

TITLE D
NAME BURCH, BETTY
STREET ADDRESS 67 LAKE DAMON DR
CITY-ST-ZIP AVON PARK, FL 00000

TITLE D
NAME LANDRESS, J.T.
STREET ADDRESS 405 E. OAK STREET
CITY-ST-ZIP AVON PARK, FL 00000

TITLE D
NAME MCKENZIE, T V BUDDY
STREET ADDRESS 1151 E LOTELA
CITY-ST-ZIP AVON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Margaret Turnbull
1.2 NAME Margaret Turnbull
1.3 STREET ADDRESS 2011 Lake Lotela
1.4 CITY-ST-ZIP Avon Park, FL 33825

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: SIGNATURE REQUIRED

1/13/98 941-452-1069

CR2E037 (10/97)