
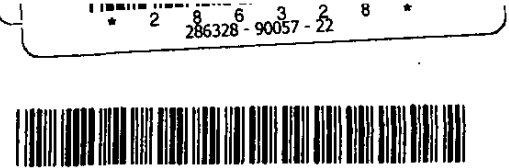


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90071 009 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 733411 | | | | | |
| 1. Corporation Name COMMUNITY DAY CARE CENTER OF AVON PARK, INC. | | | | | |
| Principal Place of Business 800 S DELANEY AVON PARK FL 33825 US | | | Mailing Address 800 S DELANEY AVON PARK FL 33825 US | | |



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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 07/29/1975 | |
| 4. FEI Number 51-0182725 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Trust Fund Contribution | | 10. Name and Address of New Registered Agent | |

| | | | |
|---|--|--|--|
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE P NAME WALKER, GLORIA STREET ADDRESS 3814 TANGIER ST. CITY-ST-ZIP SEBRING FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME EDGE, JAMIE STREET ADDRESS 40 E WOLF CITY-ST-ZIP AVON PARK, FL 00000 | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME FURR, SHIRLEY STREET ADDRESS 92 LAKE BYRD BLVD CITY-ST-ZIP AVON PARK, FL 00000 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME BURCH, BETTY STREET ADDRESS 67 LAKE DAMON DR CITY-ST-ZIP AVON PARK, FL 00000 | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE T NAME TURNBALL, MARGARET STREET ADDRESS 2011 LAKE LOTELA CITY-ST-ZIP AVON PARK FL 33825 | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME MCKENZIE, T V BUDDY STREET ADDRESS 1151 E LOTELA CITY-ST-ZIP AVON PARK FL | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Furr/Roberts
 Shirley Furr/Roberts

3/30/99 (941) 452-1069
 Date Daytime Phone #

CR2E037 (1/198)