FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762557** **(7)**

1. Corporation Name

FIRST PRESBYTERIAN CHILD CARE CENTER OF JACKSONV ILLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
118 E. MONROE STREET JACKSONVILLE FL 32202	118 E. MONROE STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 03/23/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2225045 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOKE, A. HAMILTON
1320 ATLANTIC BANK BLDG.
JACKSONVILLE FL

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	KIRK, ROBERT R	1.2 NAME	CHAMBLIN, NANCY	
STREET ADDRESS	1959 HOLLY OAKS RAVINE DRIVE	1.3 STREET ADDRESS	2739 SOUTHWOOD LANE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	2.1 TITLE	VICE - PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	REITZAMMER, ELIZABETH	2.2 NAME	REDMAN, CHRISTINE	
STREET ADDRESS	1819 CHALLEN AVENUE	2.3 STREET ADDRESS	8890 NATURE VIEW LANE, W.	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	SD	3.1 TITLE	SECRETARY - DIRECTOR	☒ Change ☐ Addition
NAME	CLARK, MELANIE	3.2 NAME	LONGWELL, GAYLE	
STREET ADDRESS	8610 HEATHER RUNN DRIVE, SOUTH	3.3 STREET ADDRESS	223 WEST 7th STREET	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	TD	4.1 TITLE	TREASURER, DIRECTOR	☐ Change ☐ Addition
NAME	HARRIS, BOYD C	4.2 NAME	HARRIS, BOYD C.	
STREET ADDRESS	12534 MISSION HILLS CIRCLE NORTH	4.3 STREET ADDRESS	12534 MISSION HILLS CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Boyd C. Harris Boyd C. Harris 4/20/95 354-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001290