

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:57

DOCUMENT # **N33937** (6)

1. Corporation Name

**THE NORTHWEST ADULT DAYCARE CENTER OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

4412 CLYDE DR  
JACKSONVILLE FL 32208

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JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1989** 3a. Date of Last Report **06/13/1994**

4. FEI Number **59-2951613** Applied For  Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 **1500 ROWE AVENUE**

26 **4412 CLYDE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **JACKSONVILLE, FL.**

28 **JACKSONVILLE, FL.**

Zip

Country

Zip

Country

24 **32208**

25 **DUVAL**

29 **32208**

30 **DUVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BADGER, MILDRED D.  
4412 CLYDE DR  
JACKSONVILLE FL 32208**

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.

1-13-95

SIGNATURE MILDRED DELORES BADGER

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	<b>DP</b>
NAME	<b>BADGER, MILDRED D.</b>
STREET ADDRESS	<b>4412 CLYDE DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>DV</b>
NAME	<b>NEWSOME, ISAAC JR.</b>
STREET ADDRESS	<b>4412 CLYDE DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>MEEKS, JULIA</b>
STREET ADDRESS	<b>8525 LINCREST DR N.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>MILLS, JUANITA</b>
STREET ADDRESS	<b>5740 BRAIT AVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Mildred D. Badger

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-13-95

DATE

(904) 266-3422

TELEPHONE NUMBER