


FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N33937 (6) 1. Corporation Name THE NORTHWEST ADULT DAYCARE CENTER OF JACKSONVILLE, FLORIDA, INC.		



Principal Place of Business		Mailing Address	
1500 ROWE AVENUE JACKSONVILLE FL 32208 US		4412 CLYDE DR. JACKSONVILLE FL 32208 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date incorporated or Qualified 08/29/1989	
4. FEI Number 59-2951613	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BADGER, MILDRED D. 4412 CLYDE DR JACKSONVILLE FL 32208	

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	DP	1.1 TITLE	DIRECTOR
NAME	BADGER, MILDRED D.	1.2 NAME	
STREET ADDRESS	4412 CLYDE DR	1.3 STREET ADDRESS	VARNEDOE, GAIL LOVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	9525 SIBBALD RD. JACKSONVILLE, FL. 32208
TITLE	DV	2.1 TITLE	DIRECTOR
NAME	NEWSOME, ISAAC JR.	2.2 NAME	FISHER, ALICE
STREET ADDRESS	4412 CLYDE DR	2.3 STREET ADDRESS	2549 RIVERTRAIL RD. N.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277
TITLE	D	3.1 TITLE	
NAME	MEEKS, JULIA	3.2 NAME	
STREET ADDRESS	8525 LINCREST DR N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MILLS, JUANITA	4.2 NAME	
STREET ADDRESS	5740 BRAIT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mildred D. Badger* MILDRED D. BADGER
 904-766-3922
 1-5-98

CR2E037 (10/97)