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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90029 023 \*\*\*\*70.00



NONPROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N33937

1. Corporation Name

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

Principal Place of Business

1500 ROWE AVENUE  
JACKSONVILLE FL 32208  
US

Mailing Address

4412 CLYDE DR.  
JACKSONVILLE FL 32208  
US

\* 9 2 9 1 5 \*  
92915 . 90029 . 23



2. Principal Place of Business

21 1500 ROWE AVENUE

Suite, Apt. #, etc.

22 City & State  
23 JACKSONVILLE, FL

24 Zip Country  
32208 US

2a. Mailing Address

26 1500 ROWE AVENUE

Suite, Apt. #, etc.

27 City & State  
28 JACKSONVILLE, FL

29 Zip Country  
32208 US

3. Date Incorporated or Qualified

08/29/1989

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

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

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	DP	<input type="checkbox"/> DELETE
NAME	BADGER, MILDRED D.	
STREET ADDRESS	4412 CLYDE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEWSOME, ISAAC JR.	
STREET ADDRESS	4412 CLYDE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARNEDOE, GAIL L	
STREET ADDRESS	9525 SIBBALD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ALICE	
STREET ADDRESS	2549 RIVERTRAIL RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: *Mildred D. Badger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 (904) 2663422  
Date Daytime Phone #

CR2E037 (11/98)