


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005493 (0)**  
 1. Corporation Name  
**NEWBERRY COMMUNITY DAY CARE CENTER, INC.**



Principal Place of Business <b>325 NE 8TH AVENUE NEWBERRY FL 32669</b>	Mailing Address <b>POST OFFICE BOX 144 NEWBERRY FL 32669</b>
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3. Date Incorporated or Qualified <b>11/20/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3336952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent <b>MCCLAIN-FRANKLIN, ELAINE 325 NE 8TH AVENUE NEWBERRY FL 32669</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D P/O</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLAIN-FRANKLIN, ELAINE</b>	1.2 NAME	
STREET ADDRESS	<b>325 NE 8TH AVENUE / 13602 N.W. 13 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH-KELSEY, ALICE</b>	2.2 NAME	<b>D S BARBARA JONES</b>
STREET ADDRESS	<b>POST OFFICE BOX 1444</b>	2.3 STREET ADDRESS	<b>1001 SW 143 STREET</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	2.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLS, HARRY</b>	3.2 NAME	<b>CHAD D Chad Scott</b>
STREET ADDRESS	<b>405 WEST CENTRAL AVENUE</b>	3.3 STREET ADDRESS	<b>Post Office Box 427 / 193 NW 3rd Ave</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	3.4 CITY-ST-ZIP	<b>Newberry, FL 32669</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, ZOELLEN M</b>	4.2 NAME	
STREET ADDRESS	<b>POST OFFICE 5273 / 221 DEER STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D VP/T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISLAR, MAE V</b>	5.2 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 553 / 424 NE 8TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTZOG, GRADY</b>	6.2 NAME	
STREET ADDRESS	<b>1158 SW 4TH AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	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)(k), 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: Elaine McClain-Franklin Date: 6/12/96 (352) 472-2533  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)