


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N93000005493*

1. Corporation Name  
**NEWBERRY COMMUNITY DAY CARE CENTER, INC.**

Principal Place of Business <b>325 N. E. 8th Avenue                  Newberry, FL 32669</b>	Mailing Address <b>P. O. Box 144                  Newberry, FL 32669</b>
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2. Principal Place of Business <b>21 325 NE 8th Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P. O. Box 144</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>11/20/95</b>	3a. Date of Last Report <b>2/27/96</b>
22 City & State <b>23 Newberry, FL</b>	27 City & State <b>28 Newberry, FL</b>	4. FEI Number <b>59-3336952</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 Zip <b>32669</b>	25 Country <b>Alachua</b>	29 Zip <b>32669</b>	30 Country <b>Alachua</b>

9. Name and Address of Current Registered Agent <b>McClain-Franklin, Elaine                  325 N. e. 8th Avenue                  Newberry, FL 32669</b>	10. Name and Address of New Registered Agent <b>81 Name N/A</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL</b> <b>85 Zip Code</b>
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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 <i>CHAIRPERSON - Director</i>	<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</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Newberry, FL 32669</b>		1.4 CITY-ST-ZIP	
TITLE <i>Secretary - Director</i>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jones, Barbara</b>		2.2 NAME	
STREET ADDRESS <b>1001 SW 143rd Street</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>Newberry, FL 32669</b>		2.4 CITY-ST-ZIP	
TITLE <i>Director</i>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Scott, Chad</b>		3.2 NAME	
STREET ADDRESS <b>P.O. Box 427/193 NW 2nd Ave.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Newberry, FL 32669</b>		3.4 CITY-ST-ZIP	
TITLE <i>Director</i>	<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>P.O. Box 5273/221 Deer St.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Archer, FL 32618</b>		4.4 CITY-ST-ZIP	
TITLE <i>Director - Vice-Chm</i>	<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>P.O. Box 553/424 NW 8th Ave.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Newberry, FL 32669</b>		5.4 CITY-ST-ZIP	
TITLE <i>Director</i>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hotzog, 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 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: *Elaine McClain-Franklin* **5/29/97** **(352) 332-3569**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Elaine McClain-Franklin**

CF2E037 (9/96)