


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90058 041 ****70.00

001234

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N95000005493

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

Principal Place of Business 24505 NEWBERRY LANE NEWBERRY FL 32669	Mailing Address POST OFFICE BOX 144 NEWBERRY FL 32669
-------------------------------------------------------------------------	-------------------------------------------------------------

94383 90058 41



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/20/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1356075
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCLAIN-FRANKLIN, ELAINE 13712 NW C.R. 235 ALACHUA FL 32615		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 CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCLAIN-FRANKLIN, ELAINE		1.2 NAME	
STREET ADDRESS 13712 NW CR 235		1.3 STREET ADDRESS	
CITY-ST-ZIP ALACHUA FL 32615		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENKY, BARBARA		2.2 NAME	<i>HENRY, Barbara</i>
STREET ADDRESS 1001 SW 143 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP NEWBERRY FL 32669		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISLAR, MAE		3.2 NAME	
STREET ADDRESS 24434 NEWBERRY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP NEWBERRY FL 32669		3.4 CITY-ST-ZIP	
TITLE MD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCRAY, MARIE		4.2 NAME	
STREET ADDRESS 403 N.W. 245 TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEWBERRY FL 32669		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Mae Islar* 1-15-99 352-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)