

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90066 012 \*\*\*\*70.00

**DOCUMENT # N95000005493**



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

**90004039**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>24505 NEWBERRY LANE NEWBERRY FL 32669</b>	Mailing Address <b>POST OFFICE BOX 144 NEWBERRY FL 32669</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1356075</b> <b>59-3336952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCLAIN-FRANKLIN, ELAINE**  
**13712 NW C.R. 235**  
**ALACHUA FL 32615**

**7. Name and Address of New Registered Agent**

Name **Marie McCray**  
Street Address (P.O. Box Number is Not Acceptable)  
**24505 Newberry Lane**  
City **Newberry** FL Zip Code **32669**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marie McCray DATE 1-15-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>CD</b>	<input type="checkbox"/> Delete
NAME <b>MCCLAIN-FRANKLIN, ELAINE</b>	
STREET ADDRESS <b>13712 NW CR 235</b>	
CITY-ST-ZIP <b>ALACHUA FL 32615</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>HENRY, BARBARA</b>	
STREET ADDRESS <b>1001 SW 143 STREET</b>	
CITY-ST-ZIP <b>NEWBERRY FL 32669</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>ISLAR, MAE</b>	
STREET ADDRESS <b>24434 NEWBERRY LANE</b>	
CITY-ST-ZIP <b>NEWBERRY FL 32669</b>	
TITLE <b>MD</b>	<input type="checkbox"/> Delete
NAME <b>MCCRAY, MARIE</b>	
STREET ADDRESS <b>403 N.W. 245 TERRACE</b>	
CITY-ST-ZIP <b>NEWBERRY FL 32669</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie McCray REGISTERED Marie McCray DATE 1-15-2003 (352) 472-2533

CR2E037 (10/02)