FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709324** **(8)**

1. Corporation Name
OSBORNE DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
1801 12TH AVE. S. LAKE WORTH FL 33461	1801 12TH AVE. S. LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1965**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-6194410** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CREVELING, RONALD D.
5870 LAUREL GREEN CIRCLE
BOYNTON BEACH FL 33437

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P D	☒ Change ☐ Addition
NAME	BOYLE, DORIS	12 NAME		
STREET ADDRESS	6839 TRADWINDS WAY	13 STREET ADDRESS		
CITY ST ZIP	LANTAN FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	BOINK, CAROLINE	22 NAME		
STREET ADDRESS	3897 QUAIL RIDGE DR	23 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE	V D	☒ Change ☐ Addition
NAME	DOUGLASS, MARYANNE	32 NAME	LINDA SMYTH	
STREET ADDRESS	821 SOUTH K ST	33 STREET ADDRESS	420 S. B. ST, A-2	
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP	LAKE WORTH FL 33460	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	CREVELING, RONALD D.	42 NAME		
STREET ADDRESS	5870 LAUREL GREEN CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	APPLE, BETSY	52 NAME		
STREET ADDRESS	2770 S. GARDEN DR. #204	53 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FAULISE, JUDY	62 NAME		
STREET ADDRESS	2001 SW 13 AVE, #104	63 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH FL	64 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)(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: Ronald D. Creveling, Treasurer 4/26/95 (407) 369-1739
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER & DIRECTOR — Date — Daytime Phone #
RONALD D. CREVELING

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