

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709381 (8)
1. Corporation Name
ST. ALBAN'S DAY NURSERY, INC.



Principal Place of Business Mailing Address
3465 BROOKER ST MIAMI FL 33133-4867 **3465 BROOKER ST MIAMI FL 33133-4867**

3. Date Incorporated or Qualified **08/02/1965** 3a. Date of Last Report **01/30/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-0766992	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
NEMBARD, OSWALD H 15500 WINKFIELD CIR DAVE FL 33331		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			FL	

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAULA DR.	1.2 NAME	COOPER, WILLIAM A.
STREET ADDRESS	12805 SW 103RD COURT	1.3 STREET ADDRESS	200 WASHINGTON DRIVE
CITY-ST-ZIP	MIAMI, FL 00000 FL 33176	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, LISA	2.2 NAME	
STREET ADDRESS	14781 SW 238TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMONER, ELISA	3.2 NAME	CHESTER, MARCIA A.
STREET ADDRESS	13643 DEERING DAY DRIVE #116	3.3 STREET ADDRESS	3311 FLORIDA AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CLARICE C	4.2 NAME	
STREET ADDRESS	3735 OAK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMBARD, OSWALD H.	5.2 NAME	
STREET ADDRESS	15500 WINKFIELD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, SALLIE M.	6.2 NAME	
STREET ADDRESS	7050 SO. ATLANTIC AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32069	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: *Oswald H. Nembard* **Oswald H. Nembard, Executive Director** **1-23-96** **(305)443-1234**
Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)