

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

4. FEI Number Applied For / Not Applicable

59-0766992 Applied For

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~WILLIAM A. COOPER
200 WASHINGTON DRIVE
MIAMI FL~~

10. Name and Address of New Registered Agent

81 Name
Clarence D. Montgomery

82 Street Address (P.O. Box Number is Not Acceptable)
20490 S.W. 120th Avenue

83

84 City State 85 Zip Code
Mirimar FL 33025

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: *[Signature]* DATE: **5-12-98**

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, WILLIAM A.	1.2 NAME	Walker, Jason
STREET ADDRESS	200 WASHINGTON DRIVE	1.3 STREET ADDRESS	9200 So. Dadeland Blvd.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156-2711
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, PATRICK A <ESQ	2.2 NAME	Street, Theodore (Dr.)
STREET ADDRESS	155 SOUTH MIAMI AVENUE	2.3 STREET ADDRESS	51 S.W. 1st Avenue - #1325
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, MARCIA A.	3.2 NAME	Johnson, Will
STREET ADDRESS	8311 FLORIDA AVENUE	3.3 STREET ADDRESS	3342 Thomas Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CLARICE C	4.2 NAME	Treasurer Samuel, Renita
STREET ADDRESS	8735 OAK AVE	4.3 STREET ADDRESS	3920 Charles Terrace
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	ED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMBARD, OSWALD H.	5.2 NAME	Interim Exec. Dir. Montgomery, Clarence D.
STREET ADDRESS	15500 WINKFIELD CIRCLE	5.3 STREET ADDRESS	20490 S.W. 120th Avenue
CITY-ST-ZIP	DAVE FL	5.4 CITY-ST-ZIP	Mirimar, FL 33025
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, SALLIE M.	6.2 NAME	Director Patrick A. White
STREET ADDRESS	7050 SO. ATLANTIC AVE.	6.3 STREET ADDRESS	99 N.E. 4th Street - #800
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32069	6.4 CITY-ST-ZIP	Miami, FL 33132

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.

SIGNATURE: *[Signature]* DATE: **5-12-98**

CR2E037 (10/97)