

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90235 013 ****61.25

0001810

DOCUMENT # 712877

1. Corporation Name

WONDERLAND DAY CENTER, INC.

Principal Place of Business

348 S KEECH STREET
DAYTONA BEACH FL 32114

Mailing Address

348 S KEECH STREET
DAYTONA BEACH FL 32114



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

06/05/1967

4. FEI Number

59-1172788

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

9. Name and Address of Current Registered Agent

DIXON, EVA M.
114 ALEATHA DR.
DAYTONA BEACH FL 32014

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DIXON, EVA MAE
STREET ADDRESS 114 ALEATHA DR.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VPD ☐ DELETE

NAME HUGGINS, WILLIE MAE
STREET ADDRESS 1134 GRAHAM AVE.
CITY-ST-ZIP HOLLY HILL FL

TITLE SD ☐ DELETE

NAME ADAMS, VONCELE LOUISE
STREET ADDRESS 755 ELLEN STREET
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT ☐ DELETE

NAME FIELDS, MILDRED
STREET ADDRESS 800 MAGNOLIA AVENUE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

NAME MILLER, MESHELLE
STREET ADDRESS 848 SCHOOL STREET
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Eva M. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-99 904) 252-6332

CR2E037 (11/98)