

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712877

Entity Name: WONDERLAND DAY CENTER, INC.

FILED
Feb 25, 2004
Secretary of State

Current Principal Place of Business:

348 S KEECH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

348 S KEECH STREET
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-1172788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, EVA MAE,
Address: 114 ALEATHA DR.
City-St-Zip: DAYTONA BEACH, FL

Title: VPD () Delete
Name: HUGGINS, WILLIE MAE,
Address: 1134 GRAHAM AVE.
City-St-Zip: HOLLY HILL, FL

Title: SD () Delete
Name: ADAMS, VONCELE LOUIS, E
Address: 114 ALEATHA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DT () Delete
Name: FIELDS, MILDRED,
Address: 800 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: MILLER, MESHELLE,
Address: 848 SCHOOL STREET
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. DIXON

PD

02/25/2004

Electronic Signature of Signing Officer or Director

Date