

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712877

FILED
May 04, 2006
Secretary of State

Entity Name: WONDERLAND DAY CENTER, INC.

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIXON, EVA M PD
114 ALEATHA DR.
DAYTONA BEACH, FL 32114 US

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 32114

Title: VPD () Delete
Name: HUGGINS, WILLIE MAE,
Address: 1134 GRAHAM AVE.
City-St-Zip: HOLLY HILL, FL 32117

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 32114

Title: D () Delete
Name: MILLER, MESHELLE,
Address: 848 SCHOOL STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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 Chapter 119, 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

05/04/2006

Electronic Signature of Signing Officer or Director

Date