

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 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 # 713962
1. Corporation Name
FAIRYLAND Community Day Care Center, INC

Principal Place of Business
121 So. Highlands
Sebring, FL

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. Box 1243 Suite, Apt. #, etc. 27 City & State 28 Sebring, FL 33871 Zip 29 33871 Country 30 Highlands
--	--

3. Date Incorporated or Qualified 1-17-68	
4. FEI Number 59-1227564	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Cliff R. Rhoades
227 N. Ridgewood Dr
Sebring, FL 33870

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1 D Scott Catchfield 917 S. F. Lakeview Dr Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP
2 D Floyd Barnett 2343 Country Club Dr Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP
3 D Jackie Parker 1628 Wilcox Ave Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP
4 D Linda L. Pierce 1239 Kat Calani Ave Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP
5 D Jackie Webster 332 N.W. Lakeview Dr Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP
6 D Linda L. Pierce 1239 Kat Calani Ave Sebring, FL 33870

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 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.

SIGNATURE: Linda L. Pierce Linda L. Pierce 5-12-98- 941 3821 331

CP2E037 (10/97)