2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# 713962

Entity Name: FAIRYLAND COMMUNITY DAY CARE CENTER, INC.

Current Principal Place of Business:

2623 US HWY 27 S
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1293
SEBRING, FL 33871

New Mailing Address:

FEI Number: 59-1227564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNNALLEE, THOMAS L
325 N COMMERCE AVE
SEBRING, FL 33870 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:	DP	( ) Delete
Name:	HUBBELL, CAROL S	
Address:	2460 LAKE DENTON ROAD	
City-St-Zip:	AVON PARK, FL 33825	
Title:	DV	( ) Delete
Name:	CRUTCHFIELD, SCOTT	
Address:	3502 CORMORANT POINT DR	
City-St-Zip:	SEBRING, FL 33872	
Title:	DS	( ) Delete
Name:	BAILEY, JACKIE	
Address:	1628 WILSON AVENUE	
City-St-Zip:	SEBRING, FL 33872	
Title:	DT	( ) Delete
Name:	ROTH, JEFF	
Address:	2482 N PRIMROSE ROAD	
City-St-Zip:	AVON PARK, FL 33825	

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: JEFF ROTH DT 01/15/2004
Electronic Signature of Signing Officer or Director — Date