

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713962

FILED  
Feb 20, 2005  
Secretary of State

**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: DP (X) Change ( ) Addition  
Name: HUBBELL, CAROL S  
Address: 560 ROSE AVE.  
City-St-Zip: SEBRING, FL 33870

Title: DV (X) Change ( ) Addition  
Name: CRUTCHFIELD, SCOTT  
Address: 4201 BUNKER DRIVE  
City-St-Zip: SEBRING, FL 33872

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

Title: DT (X) Change ( ) Addition  
Name: ROTH, JEFFREY L  
Address: 2482 N PRIMROSE ROAD  
City-St-Zip: AVON PARK, FL 33825

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: JEFFREY L. ROTH

DT

02/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date