FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION MANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715612

1. Corporation Name

MANATEE DAY CARE SERVICE, INC.

Principal Place of Business

712 PALM VIEW ROAD

Mailing Address

PALMETTO FL 34221

2. Principal Place of Business

712 PALM VIEW ROAD PALMETTO FL 34221

2a. Mailing Address

26

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90241 024 ****61.25



3. Date Incorporated or Qualifed

11/22/1968



Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		Applied For	
22	27				59-1228029	[]	Not Applicable	
City & State	e	City & State			5. Certificate of Status Desired	\$8.75	Additional	
23		28			5. Cermicate of Status desired	Fee	Required	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.0	0 May Be	
24	25 29 30		0	Trust Fund Contribution Add		Adde	d to Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name				
FLEMING, PATRICIA				Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
712 PALMVIEW RD				00000713070				
PALMETTO FL 34221								
PALMETT	710 34221		24			85 Zi	p Code	
			84	City		FL (**) **	p code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named corpo	oration submits this statement for the purpos	e of changing	its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was auth	orized by	the corporation	n's board of directors. I hereby accept the a	ppointment as	registered	
agent. i ai	m tamiliar with, and accept the obligat	ons of, Section 617.0503, Florid	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature required	when reinstating) DAT			
12.	OFFICERS AND		13.	 	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE			☐ Chang	e Addition	
NAME	HENSLEY, ROBERT		1.2 NAME	ľ				
STREET ADDRESS	1306 MANATEE AVE. W		1.3 STREET	T ADDRESS				
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S	T-ZIP				
TITLE	CD	☐ DELETE	2.1 TITLE			Chang	e	
NAME	KESTEN, PEGGY		2.2 NAME					
STREET ADDRESS	602 33RD ST CT W		2.3 STREET	TADDRESS				
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP					
TITLE	SD	☐ DELETE	3.1 TITLE			Chang	e 🔲 Addition	
NAME	JOHNSON, KERMIT		3.2 NAME	j				
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-5	ST-ZIP				
TITLE			4.1 TITLE			Chang	e 🔲 Addition	
NAME.	FLEMING, PATRICIA		4. 2 NAME	-				
STREET ADDRESS	1306 MANATEE AVE. W.		4.3 STREET	T ADDRESS				
CITY-ST-ZIP	BRADENTON_FL		4.4 CITY-S	T-ZIP				
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Chang	e Addition	
NAME	HENSLEY, ROBERT		5.2 NAME					
STREET ADDRESS	7617 SENRAB DR		5.3 STREET	TADDRESS				
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-S	17-ZIP		_		
TITLE	M	DELETE 6.1				Chang	e Addition	
NAME	FLEMING, PATRICIA		6.2 NAME					
STREET ADDRESS	712 PALMVIEW RD		6.3 STREET	T ADDRESS				
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-S	T-ZIP				
	cortify that the information supplied with	this filing does not qualify for th			ection 119.07(3)(i), Florida Statutes. I furthe	certify that th	e 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, with all other like empowered:

SIGNATURE:

941-722-18/6

CRZE03/ (11/98)

≡ :£, = ::-

748-2398

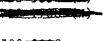
792-5261

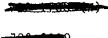
792-1491

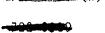
729-3883

729-3883

748-6260







723-1865

792-0164

723-3868

1800 Point Pleasant Ave.

a/k/a Manatee Day Care Service, Inc.

BOARD OF DIRECTORS

602 33rd St. Ct. W.

7617 Senrab Dr.

711 55th St. W.

P.O. Box 1087

P.O. Box 1087

Bradenton, FL 34205

Bradenton, FL 34209

Bradenton, FL 34209

Palmetto, FL 34220

Palmetto, FL 34221

Bradenton, FL 34205

A Non-Profit Organization

Patricia Fleming Executive Director (813) 722-1816

Peggy Kesten

Robert Hensley

Jay Taylor

Ben King

Sanna Rossi

Tim Matthews

Peggy Feistel

Dr. Kermit Johnson

4307 16th Way W. Palmetto, FL 34221

4146 66th St. Cir. W. Bradenton, FL 34209

Patricia Fleming 5210 8th Ave. W. Center Director Palmetto, FL 34221