

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717408 (9)

1. Corporation Name

PALMER-KING DAY CARE CENTER, INC.



200001872872
-06/24/96--01027--039

Principal Place of Business

Mailing Address

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

3. Date of Incorporation or Qualified
10/23/1969

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1276707

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, JULIA M
1205 SE 11TH AVE
GAINESVILLE, FL
32641

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

100001872871

84 City

06/24/96 01027 039

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required if not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME JONES, NATHANIEL B.
STREET ADDRESS 1324 SE 4TH AVE.
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ DELETE

TITLE STD
NAME MCPHERSON, LOTTIE
STREET ADDRESS 714 NE 25TH STREET
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE MD
NAME HARPER, JULIA
STREET ADDRESS 1205 SE 11TH AVE
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ DELETE

TITLE TD
NAME ALLEN, MARIE J.
STREET ADDRESS 805 N.W. 24TH TERR.
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE D
NAME WRIGHT, THOMAS A.
STREET ADDRESS 2100 N.W. 21ST STR.
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR Gladys Alexander ☐ Change ☒ Addition
12 NAME 727 SE 11 Street
13 STREET ADDRESS Gainesville, FL 32641

21 TITLE SECRETARY Cook, Ethel ☒ Change ☐ Addition
22 NAME 937 SE 9th Place
23 STREET ADDRESS Gainesville, FL 32601

31 TITLE DIRECTOR Edward N. Black ☐ Change ☒ Addition
32 NAME 1680 SE 32nd Street
33 STREET ADDRESS Gainesville, FL 32601

41 TITLE DIRECTOR Vernelle Bradwell ☐ Change ☒ Addition
42 NAME 4728 SE 19th Avenue
43 STREET ADDRESS Gainesville, FL 32601

51 TITLE DIRECTOR Esther McDaniels ☐ Change ☒ Addition
52 NAME 830 NW 7th Avenue
53 STREET ADDRESS Gainesville, FL 32601

61 TITLE DIRECTOR Cora Roberson ☐ Change ☒ Addition
62 NAME 1631 SE 41st Avenue
63 STREET ADDRESS Gainesville, FL 32641

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nathaniel B. Jones Chairman April 19, 1996 373-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)