

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717408 ✓
1. Corporation Name
PALMER-KING DAY CARE CENTER, INC.

Principal Place of Business
2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

Mailing Address
2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 032 ****70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2		26		10/23/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1276707	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24 25		29 30		Trust Fund Contribution	
				X \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CLARKE, ANTOINETTE P
307 S.W. 16TH AVENUE
APT. 430
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Antoinette Clarke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, ANTOINETTE	
STREET ADDRESS	307 S.W. 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, GLADYS	
STREET ADDRESS	727 SE 11TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADWELL, VERNELLE	
STREET ADDRESS	4728 SE 19TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHERSON, LOTTIE	
STREET ADDRESS	714 NE 25TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, ESTHER	
STREET ADDRESS	830 NW 7TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, SHELTON	
STREET ADDRESS	502 NE 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chairman
5.3 STREET ADDRESS	Nathaniel Jones
5.4 CITY-ST-ZIP	1216 SE 12th St Gainesville, FL 32641
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Julia Harper
6.3 STREET ADDRESS	1205 SE 11th Ave.
6.4 CITY-ST-ZIP	Gainesville, FL 32641

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, with all other like empowered.

SIGNATURE: *Antoinette Clarke* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

352-373-6049

Daytime Phone #