FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718388 (2)

1. Corporation Name

THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA , INC.

Principal Place of Business	Mailing Address
5421 US HWY 98 S. LAKELAND FL 33813 US	PO BOX 1269 HIGHLAND CITY FL 33846 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0766971 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEAR, CHRISTOPHER M. 202 EAST WALNUT STREET LAKELAND FL 33801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	RABBI E. BENYEHUDA	1.2 NAME	
STREET ADDRESS	600 LAKE HOLLINGWORTH	1.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	1.4 CITY ST ZIP	
TITLE	ED	2.1 TITLE	☐ Change ☐ Addition
NAME	VIOLANO, ELAINE	2.2 NAME	
STREET ADDRESS	149 OAK SQUARE NORTH	2.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	2.4 CITY ST ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, DIANNE	3.2 NAME	
STREET ADDRESS	850 GLENDALE RD	3.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, JUDY	4.2 NAME	
STREET ADDRESS	790 S BROADWAY	4.3 STREET ADDRESS	
CITY ST ZIP	BARTOW FL	4.4 CITY ST ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, ANN	5.2 NAME	
STREET ADDRESS	2626 HANDLEY BLVD.	5.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	~~ROWBOTHAM, BONNIE~~	6.2 NAME	KENNETH ELY
STREET ADDRESS	~~915 BROOKWOOD DRIVE~~	6.3 STREET ADDRESS	114 N.TENNESSEE
CITY ST ZIP	~~LAKELAND FL~~	6.4 CITY ST ZIP	LAKELAND, FL.

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)(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.

SIGNATURE: Elaine Violano — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 Date — (813) 644-8488 Daytime Phone #

0067027