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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

718388

(2)

THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA INC.

Principal Place of Business Mailing Address

5421 US HWY 98 S. PO BOX 1269
LAKELAND FL 33813 HIGHLAND CITY FL 33846
US US

FILED Feb 28 1996 8:00 am Secretary of State



US	98 S. 33813	PO BOX 1269 Highland City FL 33846 US		3. Date Incorporated or Qualified 02/23/1970	3a. Date of Last R 05/01/199	leport
6 D2-2-1 D6	ad Division	T 0- 14-7- 6-24		4. FEI Number		
2. Principal Pla	ace of Business	2a. Mailing Address		59-0766971	<u> </u>	oplied For
	H oto	Suite, Apt. #, etc.		000.000.		ot Applicable
Suite, Apt. #		27		5. Certificate of Status Desired	1 1 7 - 1	Additional equired
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29 3	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax under s. 1] Yes 🔀 No	199.032,
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	,	**	
FEAR, CH	Hristopher M.		82 Stree	Address (P.O. Box Number is Not Acceptable	al	
202 EAST WALNUT STREET			62 Silee	Address (F.O. DOX Hornber is Not Acceptable	21	
	ID FL 33801		83			
						A
			84 City		FL 85 Zip	Code
 or registere 	ed agent, or both, in the State of Florid	la. Such change was authorized	the above-named by the corporation	corporation submits this statement for the purp s board of directors. I hereby accept the appoi	ose of changing its rec	gistered office agent. I am
familiar wit SIGNATURE	th, and accept the obligations of Section	on 617.0503, Florida Statutes.				
	Signature typed or printed name of registered agent a			required when reinstating)	DATE DIDÉCTOR	10.01.40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	rabbi e. Benyehuda	X DEFELE	1.1 TITLE	T/D	🔀 Change	Addition
	KADDIE DENIFOLIJA					
			1.2 NAME	Ely, Kenneth		
STREET ADDRESS	600 LAKE HOLIGWORTH		1.2 NAME 1.3 STREET ADDRESS	1 . %	ue	
STREET ADDRESS CITY+ST+ZIP	600 LAKE HOLIGWORTH LAKELAND FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
STREET ADDRESS CITY+ST+ZIP	600 LAKE HOLIGWORTH LAKELAND FL ED	DELETE	1.3 STREET ADDRESS	114 N. Tennessee Aven	ue ☐ Change	Addition
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oath; that I am an officer or director of the corporation or the receiver or tripstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if pranged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRICTOR

1-18-96 941-644-8488
Deyture Phone i