


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718388** (2)

1. Corporation Name

**THE DAY NURSERY ASSOCIATION OF LAKE LAND, FLORIDA  
, INC.**

Principal Place of Business

Mailing Address

**5421 US HWY 98 S.  
LAKE LAND FL 33813  
US**

**PO BOX 1388  
HIGHLAND CITY FL 33846  
US**

3. Date Incorporated or Qualified

**02/23/1970**

4. FEI Number

**59-0766971**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIOLANO, ELAINE  
5421 U.S. HIGHWAY 98 S  
HIGHLAND CITY FL 33846**

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 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>DC</b>
NAME	<b>HALLOCK, DAVE</b>	1.2 NAME	<b>HALLOCK, DAVE</b>
STREET ADDRESS	<b>545 N BROADWAY AVE</b>	1.3 STREET ADDRESS	<b>545 N BROADWAY AVE</b>
CITY-ST-ZIP	<b>BARTOW FL</b>	1.4 CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>P</b>	2.1 TITLE	
NAME	<b>VIOLANO, ELAINE</b>	2.2 NAME	
STREET ADDRESS	<b>149 OAK SQUARE NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	3.1 TITLE	<b>DT</b>
NAME	<b>BISHOP, DIANNE</b>	3.2 NAME	<b>HART, JIM</b>
STREET ADDRESS	<b>850 GLENDALE RD</b>	3.3 STREET ADDRESS	<b>114 N. TENNESSEE AVE</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	3.4 CITY-ST-ZIP	<b>LAKE LAND, FL</b>
TITLE	<b>SD</b>	4.1 TITLE	
NAME	<b>MILLER, JULIA</b>	4.2 NAME	
STREET ADDRESS	<b>402 SEARS AVE NE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	
NAME	<b>MORRISON, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>3500 S FLORIDA AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

01/16/98

(941) 644-8488

CR2E037 (1097)