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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 718388

1. Corporation Name

**THE DAY NURSERY ASSOCIATION OF LAKELAND, FLORIDA
, INC.**

Principal Place of Business

5421 US HWY 98 S.
LAKELAND FL 33813
US

Mailing Address

PO BOX 1388
HIGHLAND CITY FL 33846
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/23/1970

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0766971

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 DC
NAME HALLOCK, DAVE
STREET ADDRESS 545 N BROADWAY AVE
CITY-ST-ZIP BARTOW FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33830

TITLE P
NAME VIOLANO, ELAINE
STREET ADDRESS 149 OAK SQUARE NORTH
CITY-ST-ZIP LAKELAND FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33813

TITLE DT
NAME HART, JIM
STREET ADDRESS 114 N. TENNESSEE AVE.
CITY-ST-ZIP LAKELAND FL ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Hart, Tim
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33801

TITLE SD
NAME MILLER, JULIA
STREET ADDRESS 402 SEARS AVE NE
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Judy Moss
4.3 STREET ADDRESS 790 S. Broadway
4.4 CITY-ST-ZIP Bartow, FL 33830

TITLE VD
NAME MORRISON, JOSEPH
STREET ADDRESS 3500 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-27-99