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 # **733928** **(6)**

1. Corporation Name

GADSDEN COUNTY DAY CARE SERVICE, INC.

Principal Place of Business	Mailing Address
911 WEST 4TH ST QUINCY FL 32351	911 WEST 4TH ST QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1975**
3a. Date of Last Report: **03/09/1994**
4. FEI Number: **51-0182656** ☐ 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. 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

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

9. Name and Address of Current Registered Agent

SUBER, VERSIE
1016 W. FRANKLIN ST.
QUINCY FL 32351

10. Name and Address of New Registered Agent

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
(Signature required for printed name of registered agent and that agent's resignation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	HOLT, INEZ	12 NAME	
STREET ADDRESS	661 S 11TH ST	13 STREET ADDRESS	
CITY ST ZIP	QUINCY, FL 00000	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BRYANT, CLARENCE	22 NAME	
STREET ADDRESS	715 CAMILLA AVE	23 STREET ADDRESS	
CITY ST ZIP	QUINCY, FL 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, MARILYN	32 NAME	
STREET ADDRESS	707 SMITH STREET	33 STREET ADDRESS	
CITY ST ZIP	QUINCY, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAILOR, LOUVENIA	42 NAME	
STREET ADDRESS	RT. 2, BOX 268-A	43 STREET ADDRESS	
CITY ST ZIP	QUINCY, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BETSEY, SAM W JR	52 NAME	
STREET ADDRESS	614 SO NINTH STR	53 STREET ADDRESS	
CITY ST ZIP	QUINCY FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HOUSTON, JULIUS C	62 NAME	
STREET ADDRESS	902 FIFTH STR	63 STREET ADDRESS	
CITY ST ZIP	QUINCY, FL 00000	64 CITY ST ZIP	

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: Marilyn W. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marilyn W. Anderson

April 27, 1995 (Date)

(904) 627-6420 (Daytime Phone #)

0028200