


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90078 003 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733928					
1. Corporation Name GADSDEN COUNTY DAY CARE SERVICE, INC.					
Principal Place of Business 911 WEST 4TH ST QUINCY FL 32351			Mailing Address 911 WEST 4TH ST QUINCY FL 32351		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-0182656	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBBINS, MARGARET 16 W CIRCLE DRIVE QUINCY FL 32351				81 Name LaTasha Dilworth-Porter 82 Street Address (P.O. Box Number is Not Acceptable) 63 Beulah Lane 83 84 City Gretna FL 85 Zip Code 32332			

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 LaTasha Dilworth-Porter / Director DATE 1-8-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLT, INEZ			1.2 NAME			
STREET ADDRESS	661 S 11TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 00000			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYANT, CLARENCE			2.2 NAME			
STREET ADDRESS	715 CAMILLA AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 00000			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, MARILYN			3.2 NAME			
STREET ADDRESS	707 SMITH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAILOR, LOUVENIA			4.2 NAME			
STREET ADDRESS	RT. 2, BOX 268-A			4.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 00000			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BETSEY, SAM W JR			5.2 NAME			
STREET ADDRESS	614 SO NINTH STR			5.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUSTON, JULIUS C			6.2 NAME			
STREET ADDRESS	902 FIFTH STR			6.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 00000			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: Marilyn W. Anderson **FILED** 1/8/99 (850) 627-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)