

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
Department of Banking
and Finance
Tallahassee, Florida

APPROVED
AND
FILED

1995 MAY 10 10:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 734232 (2)

ST. AUGUSTINE DAY CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 405 NW 4TH AVE GAINESVILLE FL 32601-5245		2a. Mailing Address 405 NW 4TH AVE GAINESVILLE FL 32601-5245		3. Date the Corporation Qualified 11/03/1975	3a. Date of Last Report 02/17/1994
2. Filing Agent's Office Address 21 State Apt # 101 GAINESVILLE FL 32601		2a. Mailing Address 26 State Apt # 101 GAINESVILLE FL 32601		4. FEI Number 59-1396706	Applied For <input type="checkbox"/> Not Applicable
23. City & State GAINESVILLE FL		27. City & State GAINESVILLE FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Has New Campaign Finance or Political Fundraising Activities <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 32601		29. Zip 32601		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	8. This corporation has liability for intangible tax under FS 199.002, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CURTIS, CLAYTON C. 2031 NW 15TH AVENUE GAINESVILLE FL 32605				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code			
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11. Pursuant to the provisions of Sections 607.0547 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purposes 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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS NAME: VP HASKINS, JIM STREET ADDRESS: 708 N.E. 1ST. STREET CITY: GAINESVILLE FL TITLE: D NAME: JONES, HERBERT STREET ADDRESS: 315 NW 12 ST BOX 506 CITY: HIGH SPRINGS FL TITLE: STD NAME: ARES, ANN STREET ADDRESS: 842 SW 50TH WAY CITY: GAINESVILLE FL 32607 TITLE: V NAME: MCKETTY, EVELYN STREET ADDRESS: 2101 N.W. 54TH TERR. CITY: GAINESVILLE FL TITLE: PD NAME: CURTIS, CLAYTON STREET ADDRESS: 2031 NW 15TH AVE. CITY: GAINESVILLE FL TITLE: Member NAME: Herterence, Dee STREET ADDRESS: 2205 N.W. 5-14 PL. CITY: Gainesville, Florida 32603		13. SHAREHOLDERS (PARTIAL LIST) NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add NAME: [] Change [] Add	
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14. I hereby certify that the information supplied on this filing is complete, correct and true to the best of my knowledge and belief, and that the same is true to the best of my knowledge and belief. I hereby certify that the information included on this annual report or registration statement is true and correct to the best of my knowledge and belief. I, the registrant, shall have the same legal effect as if made under oath. That I am eligible to be an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report as an officer, director or trustee.

SIGNATURE: *Clayton Curtis*
 SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR
 17-4-95 909-526438