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**May 13 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734232 (2)

1. Corporation Name

ST. AUGUSTINE DAY CARE CENTER, INC.



Principal Place of Business

Mailing Address

405 N.W. 4TH AVE.
GAINESVILLE FL 32601-5245

405 N.W. 4TH AVE.
GAINESVILLE FL 32601-5245

3. Date Incorporated or Qualified
11/03/1975

3a. Date of Last Report
05/01/1996

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

**CURTIS, CLAYTON C.
2031 NW 15TH AVENUE
GAINESVILLE FL 32605**

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 DELETE
NAME **VP HASKINS, JIM**
STREET ADDRESS **708 N.E. 1ST. STREET**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE DELETE
NAME **D JONES, HERBERT**
STREET ADDRESS **315 NW 12 ST BOX 506**
CITY-ST-ZIP **HIGH SPRINGS FL**

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

TITLE DELETE
NAME **STD ARES, ANN**
STREET ADDRESS **1308 NW 117TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **1308 NW 117th Terr**
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **V MCKETTY, EVELYN**
STREET ADDRESS **2101 N.W. 54TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **PD CURTIS, CLAYTON**
STREET ADDRESS **2031 NW 15TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE DELETE
NAME **M HETERCENE, DEE**
STREET ADDRESS **2205 NW 5TH PL**
CITY-ST-ZIP **GAINESVILLE FL**

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

14. I do 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.

SIGNATURE:

Herbert Jones (Director)

5-1-97

352-322-190

CR2E037 (9/96)