



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/23

FILED
Sep 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 038 ****61.25

DOCUMENT # 734232 1. Entity Name ST. AUGUSTINE DAY CARE CENTER, INC.					
2. Principal Place of Business 405 N.W. 4TH AVE. GAINESVILLE FL 32601-5245				3. Mailing Address 405 N.W. 4TH AVE. GAINESVILLE FL 32601-5245	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 59-1396706	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEE, HETERCENE 2306 S.W. 13TH STREET APT 1010 GAINESVILLE FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASKINS, JIM 708 N.E. 1ST. STREET GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erica Bloomberg-Johnson 6231 SW 37 way Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, HERBERT 315 NW 12 ST BOX 506 HIGH SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARES, ANN 12233 NW 10TH PLACE NEWBERRY FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKETTY, EVELYN 2101 N.W. 54TH TERR. GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HETERCENE, DEE 2306 S.W. 13TH STREET, APT 1010 GAINESVILLE FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dee, Heterccene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, CHARLES S III 18 N.W. 8TH AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition Director
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dee, Heterccene</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/1/04 352-372-2190 <small>Date Daytime Phone #</small>		



Attachment
66436017

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 25, 2004

ST. AUGUSTINE DAY CARE CENTER, INC.
405 N.W. 4TH AVE.
GAINESVILLE, FL 32601-5245

Subject: ST. AUGUSTINE DAY CARE CENTER, INC.

Reference Number: 764232

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

*Done -
sorry for the
error*