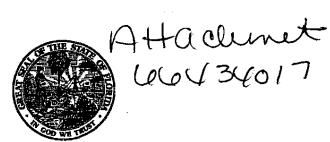
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/23

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

DOCUMENT # 734232 1. Entity Name					Secretary of State 08-23-2004 90015 038 ****61.25			
ST. AUGUSTINE DAY CARE CENTER, INC.					iz or			
Principal Place of Business 405 N.W. 4TH AVE. 405 N.W. 4TH AVE. GAINESVILLE FL 32601-5245						06434017	7 **	
9. Drinning Plans of During								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		MOORE	CR2E037- (4/04)			
City & State		City & State			4. FEI Number 59-1396706	• —	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Add Fee Require	ditional d	
6. Name and Address of Current Regi		egistered Agent	d Agent Name		7. Name and Address of New R		2.1	
DEE-HERTERCENE				Street Address (P.O. Box Number is Not Acceptable)				
2306 S.W. 13TH STREET APT 1010								
GAII	NESVILLE FL 32608		City			FL Zip Cod	ie .	
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								
Signature. Typed of primed name of registered agent entrities in applicable. [NOTE: Hogsstered Agen; pyreture required when reinstalizing) — ——————————————————————————————————								
FILE NOW: FEE:IS \$81:25 9. Election Campaign Financing Due: By September 8: 2004 9. Election Campaign Financing Trust Fund Contribution. 4. St.00 May Be Added to Fees Florida Department of State								
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	HASKINS, JIM	☐ Delete	TIFLE NAME		ca Bloomberg-Jol 31 SW 37 Way	husen Change Secret	Addition	
STREET ADDRESS CITY-ST-ZIP	708 N.E. 1ST. STREET GAINESVILLE FL		STREET ADDRESS CITY-ST-ZIP		nesulle, FL 3260		0	
TITLE	D JONES, HERBERT	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
	315 NW 12 ST BOX 506 HIGH SPRINGS FL		STREET ADDRESS		•	Durect	<u> </u>	
TIRE	Т	☐ Delete	TITLE	 	<u> </u>	☐ Change	Addition	
NAME STREET ADDRESS	ARES, ANN 12233 NW-10TH PLACE		NAME STREET ADDRESS			**************************************		
CITY-ST-ZIP	NEWBERRY FL 32669	Delete	CITY-ST-ZIP			//Leaol	Addition	
NAME STREET ADDRESS	MCKETTY, EVELYN 2101 N.W. 54TH TERR.	Ga Dalesc	NAME			ي مارس		
CITY-ST-ZIP	GAINESVILLE FL	·	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	HETERCENE, DEE	Delete	TITLE NAME	De	e, Hetercer	ve prux	Lent	
STREET ADDRESS City-St-Zip	2306 S.W. 13TH STREET, APT 1010 GAINESVILLE FL 32608	l	STREET ADDRESS CITY-ST-ZIP		, .	V		
TITLE	D CHESTNUT, CHARLES S III	☐ Deleta	TITLE	-		☐ Change	Addition	
NAME STREET ADDRESS	18 N.W. 8TH AVENUE GAINESVILLE FL 32601		NAME STREET ADDRESS	.		710 - 1	In-	
12. I hereby	certify that the information supplied with t	his filing does not qualify for	the exemption st	aled in Se	ection 119.07(3)(i), Florida Statutes.	I further certify that the in	nformation	
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: Lintercenos 1, Dec 8/1/04 352-372-2190								



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: -784232-

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