

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90312 020 ****61.25

DOCUMENT # 734232

1. Entity Name

ST. AUGUSTINE DAY CARE CENTER, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1396706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEE, HERTERCENE
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

FL

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME HASKINS, JIM ☐ Delete
STREET ADDRESS 708 N.E. 1ST. STREET
CITY-ST-ZIP GAINESVILLE FL

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

TITLE T
NAME ARES, ANN ☐ Delete
STREET ADDRESS 12233 NW 10TH PLACE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE S
NAME BLOOMBERG-JOHNSON, ERICA ☐ Delete
STREET ADDRESS 6231 SW 37 WAY
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE P
NAME HETERCENE, DEE ☐ Delete
STREET ADDRESS 2306 S.W. 13TH STREET, APT 1010
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D
NAME CHESTNUT, CHARLES S III ☐ Delete
STREET ADDRESS 18 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MCCRACKEN STACIA ☐ Change ☒ Addition
NAME 4520 NW 31ST DR.
STREET ADDRESS Gainesville, FL 32605
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Hertecene T. Dee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-05