


# 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

<b>DOCUMENT # 734232</b> 1. Entity Name <b>ST. AUGUSTINE DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>405 N.W. 4TH AVE.          GAINESVILLE FL 32601-5245</b>		Mailing Address <b>405 N.W. 4TH AVE.          GAINESVILLE FL 32601-5245</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1396706</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEE, HERTERCENE          2306 S.W. 13TH STREET          APT 1010          GAINESVILLE FL 32608</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		DATE	
<b>FILE NOW: FEE IS \$61.25          Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to          Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>HASKINS, JIM</b> <b>708 N.E. 1ST. STREET</b> <b>GAINESVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>MCCracken STACIA</b> <b>4520 NW 31st Dr.</b> <b>Gainesville, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JONES, HERBERT</b> <b>315 NW 12 ST BOX 506</b> <b>HIGH SPRINGS FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ARES, ANN</b> <b>12233 NW 10TH PLACE</b> <b>NEWBERRY FL 32669</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BLOOMBERG-JOHNSON, ERICA</b> <b>6231 SW 37 WAY</b> <b>GAINESVILLE FL 32608</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HETERCENE, DEE</b> <b>2306 S.W. 13TH STREET, APT 1010</b> <b>GAINESVILLE FL 32608</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CHESTNUT, CHARLES S III</b> <b>18 N.W. 8TH AVENUE</b> <b>GAINESVILLE FL 32601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b> <i>Hertercene T. Dee</i>				<b>3-23-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	