

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734232

FILED
Apr 07, 2006
Secretary of State

Entity Name: ST. AUGUSTINE DAY CARE CENTER, INC.

Current Principal Place of Business:

405 N.W. 4TH AVE.
GAINESVILLE, FL 326015245

New Principal Place of Business:

Current Mailing Address:

405 N.W. 4TH AVE.
GAINESVILLE, FL 326015245

New Mailing Address:

FEI Number: 59-1396706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEE, HERTERCENE
2306 S.W. 13TH STREET
APT 1010
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

CHESNUT III, CHARLES S
18 NW 8TH AVE
GAINESVILLE, FL 32601 US

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.

SIGNATURE: CHARLES S CHESTNUT III

04/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD (X) Delete
Name: HASKINS, JIM
Address: 708 N.E. 1ST. STREET
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: JONES, HERBERT
Address: 315 NW 12 ST BOX 506
City-St-Zip: HIGH SPRINGS, FL

Title: T () Delete
Name: ARES, ANN,
Address: 12233 NW 10TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: BLOOMBERG-JOHNSON, ERICA
Address: 6231 SW 37 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: P (X) Delete
Name: HETERCENE, DEE
Address: 2306 S.W. 13TH STREET, APT 1010
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CHESTNUT, CHARLES S III
Address: 18 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERBERT L JONES,
Address: 315 NW 12 ST BOX 506
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CHESTNUT, CHARLES S III
Address: 18 N.W. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN L ARES

T

04/07/2006

Electronic Signature of Signing Officer or Director

Date