2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2007 8:00 am
Secretary of State

05-24-2007 90003 011 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # 734232

1. Entity Name

ST. AUGUSTINE DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
405 N.W. 4TH AVE. GAINESVILLE FL 32601-5245	405 N.W. 4TH AVE. GAINESVILLE FL 32601-5245

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
CHESNUT III, CHARLES S 18 NW 8TH AVE GAINESVILLE FL 32601	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 _____
Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when filing) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE Director	☐ Change ☑ Addition
NAME	HERBERT L JONES	NAME	Kimali Curtis
STREET ADDRESS	315 NW 12 ST BOX 506	STREET ADDRESS	2031 NW 15th Ave
CITY-ST-ZIP	HIGH SPRINGS FL 32643	CITY-ST-ZIP	Gainesville, Fl 32605
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARES, ANN	NAME	
STREET ADDRESS	12233 NW 10TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLOOMBERG-JOHNSON, ERICA	NAME	
STREET ADDRESS	6231 SW 37 WAY	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHESTNUT, CHARLES S III	NAME	
STREET ADDRESS	18 N.W. 8TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charles S. Chestnut III 5/15/07 352-372-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #