



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

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 - No P.O. Box #		3. Mailing Address		<p style="text-align: center; font-size: 24pt;">66019815</p>  <p style="text-align: center;">1st MOORE CR2E037 (10/06)</p>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1396706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHESNUT III, CHARLES S 18 NW 8TH AVE GAINESVILLE FL 32601			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT L JONES		NAME	<i>KMALI CURTIS</i>	
STREET ADDRESS	315 NW 12 ST BOX 506		STREET ADDRESS	<i>2031 NW 15th Ave</i>	
CITY-STATE-ZIP	HIGH SPRINGS FL 32643		CITY-STATE-ZIP	<i>GAINESVILLE, FL 32605</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARES, ANN		NAME		
STREET ADDRESS	12233 NW 10TH PLACE		STREET ADDRESS		
CITY-STATE-ZIP	NEWBERRY FL 32669		CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMBERG-JOHNSON, ERICA		NAME		
STREET ADDRESS	6231 SW 37 WAY		STREET ADDRESS		
CITY-STATE-ZIP	GAINESVILLE FL 32608		CITY-STATE-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTNUT, CHARLES S III		NAME		
STREET ADDRESS	18 N.W. 8TH AVENUE		STREET ADDRESS		
CITY-STATE-ZIP	GAINESVILLE FL 32601		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <i>Charles S. Chestnut III</i>		5/15/07		352-372-2190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	