

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 24 AM 8:46



09192008 Chg-NP CR2E037 (12/06)

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1396706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Charles S. Chestnut III Street Address (P.O. Box Number is Not Acceptable) 18 N.W. 8th Ave Gainesville, FL 32601 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 Charles S. Chestnut III <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE oct. 21, 08	
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT L JONES (Treasurer) <input type="checkbox"/> Delete 315 NW 12 ST BOX 506 HIGH SPRINGS, FL 32643	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Hawkins (B.M.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 408 N.W. 4th Ave Gainesville, FL 32601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARES, ANN <input checked="" type="checkbox"/> Delete 12233 NW 10TH PLACE NEWBERRY, FL 32689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria Clarke (B.M.) (Secretary) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 405 N.W. 4th Ave Gainesville FL 32601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOMBERG-JOHNSON, ERICA <input checked="" type="checkbox"/> Delete 6231 SW 37 WAY GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Brisington (B.M.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2001 N.W. 13th St Gainesville FL 32609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESTNUT, CHARLES S III (President) <input type="checkbox"/> Delete 18 N.W. 8TH AVENUE GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Bishop (B.M.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4537 SW 83rd Ave Gainesville FL 32608 6125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, KUMALI <input checked="" type="checkbox"/> Delete 2031 N.W. 15 AVE GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. H. Baker <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		Date oct 21, 08 352-372-2190			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			