

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734232

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 24 AM 8:46

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.

09192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1396706

Applied For
Not Applicable

Zip

Country

Zip

Country

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 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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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
NAME HERBERT L JONES (Treasurer) ☐ Delete
STREET ADDRESS 315 NW 12 ST BOX 506
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE Hawkins ☐ Change ☒ Addition
NAME Thomas Hawkins Jr. (B.M.)
STREET ADDRESS 408 N.W. 4th Ave
CITY-ST-ZIP Gainesville, FL 32601

TITLE T ☒ Delete
NAME ARES, ANN
STREET ADDRESS 12233 NW 10TH PLACE
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE Gloria Clarke ☐ Change ☒ Addition
NAME Gloria Clarke (B.M.) (Secretary)
STREET ADDRESS 405 N.W. 4th Ave
CITY-ST-ZIP Gainesville FL 32601

TITLE S ☒ Delete
NAME BLOOMBERG-JOHNSON, ERICA
STREET ADDRESS 6231 SW 37 WAY
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE Barbara Brisington (B.M.) ☐ Change ☒ Addition
NAME Barbara Brisington (B.M.)
STREET ADDRESS 2001 N.W. 13th St
CITY-ST-ZIP Gainesville FL 32607

TITLE PD ☐ Delete
NAME CHESTNUT, CHARLES S III (President)
STREET ADDRESS 18 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE Kim Bishop (B.M.) ☐ Change ☒ Addition
NAME Kim Bishop (B.M.)
STREET ADDRESS 4537 SW 83rd Ave
CITY-ST-ZIP Gainesville FL 32608

TITLE D ☒ Delete
NAME CURTIS, KUMALI
STREET ADDRESS 2031 N.W. 15 AVE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE B 11/24/08 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 21, 08 352-372-2190

Date

Daytime Phone #