

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734232

FILED
Sep 01, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: BMS () Delete
Name: CLARKE, GLORIA
Address: 405 N.W. 4TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: BM () Delete
Name: BRASINGTON, BARBARA
Address: 2001 N.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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

Title: BM () Delete
Name: BISH, KIM
Address: 4537 SW 83RD DR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HERBERT JONES

DIR

09/01/2009

Electronic Signature of Signing Officer or Director

Date