

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734232

FILED
May 04, 2010
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:

CHESNUT III, CHARLES S
18 NW 8TH AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HERBERT JONES

MR.

05/04/2010

Electronic Signature of Signing Officer or Director

_____ Date