FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -6 AM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740698 (6)

1. Corporation Name
SHILOH DAY CARE CENTER, INCORPORATED

Principal Place of Business	Mailing Address
4327 15TH AVENUE SOUTH ST. PETERSBURG FL 33711-2420	4327 15TH AVENUE SOUTH ST. PETERSBURG FL 33711-2420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1774448 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WASHINGTON, ESTELL
1922 23RD ST S
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SYMON, W. S., REV.	1.2 NAME	CULLIVER, WILLIAM (NA)
STREET ADDRESS	230 43RD AVE N.	1.3 STREET ADDRESS	PO Box 6047
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	EVANSTON, IL 60204-6047
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADFORD, ROSLINE	2.2 NAME	
STREET ADDRESS	663 3RD. AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOYDSTON, BRYANT	3.2 NAME	BOYDSTON, BRYANT ← CORRECT SPELLING
STREET ADDRESS	2600 9TH ST. N.	3.3 STREET ADDRESS	2900 9TH ST N
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, ESTELL	4.2 NAME	
STREET ADDRESS	1922 23RD ST S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ZINN, DALE	5.2 NAME	
STREET ADDRESS	8410 4TH STREET N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Estell Washington Dirctr 2-1-95 327-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064164