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 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758167** **(1)**

1. Corporation Name

HARLEM ACADEMY DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
HARLEM ACADEMY AVE & 5TH STREET P.O. BOX 908 CLEWISTON FL 33440	HARLEM ACADEMY AVE & 5TH STREET P.O. BOX 908 CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1981
3a. Date of Last Report: 04/19/1994
4. FEI Number: 06-0043900 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, ELEANOR HILL HARLEM ACADEMY AVE 5TH ST CLEWISTON FL 33440	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 Eleanor Hill-Brown 2/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREY, SYLVESTER	1.2 NAME		
STREET ADDRESS	1147 FLORIDA AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	D	☒ Change ☒ Addition
NAME	SCOTT, AEOLIAN THOMAS	2.2 NAME	CHAPMAN, VICKI	
STREET ADDRESS	1109 CAROLINA AVENUE	2.3 STREET ADDRESS	201 WEST ARROYO	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	CLEWISTON, FLORIDA 33440	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	BOBO, ELIZABETH	3.2 NAME		
STREET ADDRESS	1160 DELLA TOBIAS	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, LOIS	4.2 NAME		
STREET ADDRESS	1119 DELLA TOBIAS	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	VALIANT, MARTHA	5.2 NAME		
STREET ADDRESS	247 CALOOSA ESTATE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, NARDINA	6.2 NAME		
STREET ADDRESS	1023 LOUISIANA AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 00000	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)(i), 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: Elizabeth Bobo 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0040965