

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified

**10/27/1981**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE  
NAME **HUMPHREY, SYLVESTER**  
STREET ADDRESS **1147 FLORIDA AVENUE**  
CITY-ST-ZIP **CLEWISTON, FL 00000**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CHAPMAN, VICKI**  
STREET ADDRESS **201 WEST ARROYO**  
CITY-ST-ZIP **CLEWISTON FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **BOBO, ELIZABETH**  
STREET ADDRESS **1160 DELLA TOBIAS**  
CITY-ST-ZIP **CLEWISTON, FL 00000**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **THOMAS, LOIS**  
STREET ADDRESS **1119 DELLA TOBIAS**  
CITY-ST-ZIP **CLEWISTON, FL 00000**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **VALIANT, MARTHA**  
STREET ADDRESS **247 CALOOSA ESTATE DRIVE**  
CITY-ST-ZIP **LABELLE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **SIMMONS, NARDINA**  
STREET ADDRESS **1023 LOUISIANA AVE**  
CITY-ST-ZIP **CLEWISTON, FL 00000**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/96**

**(741) 983-7813**

Day

Phone #

CR2E037 (12/95)