


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758167** (1)  
1. Corporation Name

**HARLEM ACADEMY DAY CARE CENTER, INC.**



Principal Place of Business <b>HARLEM ACADEMY AVE &amp; 5TH STREET P.O. BOX 908 CLEWISTON FL 33440</b>	Mailing Address <b>HARLEM ACADEMY AVE &amp; 5TH STREET P.O. BOX 908 CLEWISTON FL 33440-0908</b>
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3. Date Incorporated or Qualified <b>10/27/1981</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>06-0043900</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BROWN, ELEANOR HILL  
HARLEM ACADEMY AVE 5TH ST  
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMPHREY, SYLVESTER</b>	1.2 NAME	
STREET ADDRESS	<b>1147 FLORIDA AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, VICKI</b>	2.2 NAME	
STREET ADDRESS	<b>201 WEST ARROYO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOBO, ELIZABETH</b>	3.2 NAME	
STREET ADDRESS	<b>1160 DELLA TOBIAS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, LOIS</b>	4.2 NAME	
STREET ADDRESS	<b>1119 DELLA TOBIAS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALIANT, MARTHA</b>	5.2 NAME	
STREET ADDRESS	<b>247 CALOOSA ESTATE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, NARDINA</b>	6.2 NAME	
STREET ADDRESS	<b>1023 LOUISIANA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEWISTON, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

*[Signature]*

7-1-1997

CR2E037 (9/96)