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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # 762557

(7)

1. Corporation Name

FIRST PRESBYTERIAN CHILD CARE CENTER OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

118 E. MONROE STREET
JACKSONVILLE FL 32202

118 E. MONROE STREET
JACKSONVILLE FL 32202-3214



3. Date Incorporated or Qualified
03/23/1982

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, A. HAMILTON
1320 ATLANTIC BANK BLDG.
JACKSONVILLE FL

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 PD
NAME CHAMBLIN, NANCY
STREET ADDRESS 2739 SOUTHWOOD LANE
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE SD
NAME LONGWELL, GAYLE
STREET ADDRESS 223 WEST 7TH ST
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE TD
NAME HARRIS, BOYD C
STREET ADDRESS 12534 MISSION HILLS CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE President
1.2 NAME Laura Jones
1.3 STREET ADDRESS 3227 Southwell Ct.
1.4 CITY-ST-ZIP Jacksonville, FL 32225

Change Addition

2.1 TITLE SD
2.2 NAME Gayle Florence
2.3 STREET ADDRESS 223 West 7th St
2.4 CITY-ST-ZIP Jacksonville, FL

Change Addition

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

Change Addition

4.1 TITLE Vice President
4.2 NAME Beth Reitzammer
4.3 STREET ADDRESS 1819 Challen Ave.
4.4 CITY-ST-ZIP Jacksonville, FL 32205

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Gayle Florence
1-28-97

CR2E037 (9/96)