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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

**03/23/1982**

4. FEI Number

**59-2225045**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>JONES, LAURA</b>	1.2 NAME	<b>LAURA CROOKS</b>
STREET ADDRESS	<b>3227 SOUTHWELL CT</b>	1.3 STREET ADDRESS	<b>4044 San Clerc Rd.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32217-4306</b>
TITLE	<b>SD</b>	2.1 TITLE	<b>SD</b>
NAME	<b>FLORENCE, GAYLE</b>	2.2 NAME	<b>Debra Woods</b>
STREET ADDRESS	<b>223 WEST 7TH ST</b>	2.3 STREET ADDRESS	<b>6664 Shady Oak Dr.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>TD</b>
NAME	<b>HARRIS, BOYD C</b>	3.2 NAME	<b>Beverly Hollis</b>
STREET ADDRESS	<b>12534 MISSION HILLS CIRCLE NORTH</b>	3.3 STREET ADDRESS	<b>5138 Brighton Dr.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>
TITLE	<b>VPD</b>	4.1 TITLE	<b>VPD</b>
NAME	<b>REITZAMMER, BETH</b>	4.2 NAME	<b>Mary Spuhler</b>
STREET ADDRESS	<b>1819 CHALLEN AVE</b>	4.3 STREET ADDRESS	<b>215 Ocean St.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
TITLE		5.1 TITLE	<b>MD</b>
NAME		5.2 NAME	<b>Elizabeth Richardson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1252 Donald St.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Debra K Woods* (904) 354-8120

CR2E037 (10/97)