

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

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1. Corporation Name

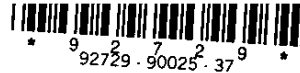
FIRST PRESBYTERIAN CHILD CARE CENTER OF JACKSONVILLE, INC.

Principal Place of Business

118 E. MONROE STREET
JACKSONVILLE FL 32202

Mailing Address

118 E. MONROE STREET
JACKSONVILLE FL 32202



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/23/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2225045

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 ☐ DELETE

NAME CROOKS, LAURA
STREET ADDRESS 4044 SAN CLERC RD
CITY-ST-ZIP JACKSONVILLE FL 32217

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME WOODS, DEBRA
STREET ADDRESS 6664 SHADY OAK DR
CITY-ST-ZIP JACKSONVILLE FL 32207

1.2 NAME ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME HOLLIS, BEVERLY
STREET ADDRESS 5138 BRIGHTON DR
CITY-ST-ZIP JACKSONVILLE FL 32217

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VPD ☒ DELETE

NAME SPUHLER, MARY
STREET ADDRESS 215 OCEAN ST
CITY-ST-ZIP JACKSONVILLE FL 32202

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD ☐ DELETE

NAME RICHARDSON, ELIZABETH
STREET ADDRESS 1252 DONALD ST
CITY-ST-ZIP JACKSONVILLE FL 32205

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

MD
Robb, Elizabeth
1252 Donald St
Jacksonville, FL 32205

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Richardson Robb 1/5/99
Elizabeth Richardson Robb (904) 354-8120

CR2E037 (11/98)