FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

Filed
with the
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K43020 (2)

1. Corporate Name

BETHLEHEM LUTHERAN DAY CARE, INC.

Principal Place of Business	Mailing Address
1423 EIGHTH AVENUE NORTH JACKSONVILLE BEACH FL 32250	1423 EIGHTH AVENUE NORTH JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1988

3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2739956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.073, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHHEIMER, REV. JOHN R.
1423 NORTH 8TH AVENUE
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BUCHHEIMER, REV. JOHN R.	12 NAME	
STREET ADDRESS	1902 EASTERN DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RAHN, EDWARD W.	22 NAME	
STREET ADDRESS	5442 WOODWIND TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHRIST, GEORGE W.	32 NAME	
STREET ADDRESS	503 N 17TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	JONES, THERESA	42 NAME	
STREET ADDRESS	909 N 13TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	TONN, EUGENE T.	52 NAME	
STREET ADDRESS	8552 BURKHALL ST.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HUNAVY, MARY JO	62 NAME	
STREET ADDRESS	108 SEAGRAPE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	64 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this report is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Mary Jo Hunavy, Treasurer 2-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

MARY JOAN HUNAVY — Daytime Phone Number: 904-249-5411

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