FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K43020** **(2)**

1. Corporation 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

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 24 / Country 25	Zip 29 / Country 30

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

3a. Date of Last Report: **02/28/1995**

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. 199.032, 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: _____ (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	CD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BUCHHEIMER, REV. JOHN R.	1.2 NAME	
STREET ADDRESS	1902 EASTERN DR	1.3 STREET ADDRESS	209 Tallwood Rd
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	Jacksonville Bch, FL 32250
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAHN, EDWARD W.	2.2 NAME	
STREET ADDRESS	5442 WOODWIND TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHRIST, GEORGE W.	3.2 NAME	
STREET ADDRESS	503 N 17TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, THERESA	4.2 NAME	
STREET ADDRESS	909 N 13TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TONN, EUGENE T.	5.2 NAME	
STREET ADDRESS	8552 BURKHALL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUNAVY, MARY JO	6.2 NAME	
STREET ADDRESS	108 SEAGRAPE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Mary Jo Hunavy MARY JO HUNAVY 2-26-96 904 249-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #