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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38256

1. Corporation Name

HELENA'S HAVEN PRESCHOOL & CHILDCARE, INC.

1								
Principal Place of Business Mailing Address						ISB BISI BIBIS B	MAN BARA BARA	BICH DIDILITAL -
3315 PEORIA RD 3315 PEORIA RD .								
ORANGE PARK FL 32065 ORANGE PARK FL 32065					DO NOT WRITE IN THIS SPACE			
US US		US			3. Date Incorporated or Qualifed			
					12/19/1989			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		Ar	oplied For
21		26			59-2980929		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	· ·	Additional
22		27			5. Certificate of Status Desired	۲	Fee Re	equired
City & State	6	City & State			6. Election Campaign Financing			May Be
23		28		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curr	ent year Int	angible ☐ Yes	□No
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New F	Registered		
	5. Name and Address of Current	registered Agent	81	Name	TO. Hambard Street	. <u></u>		
GAY,	, JAMES F JR.		_			. 4.1 - 3		
4345	CEDAR RD	•	82	Street A	ddress (P.O. Box Number is Not Accepta	ible)		
ORAI	NGE PARK FL 32065		83					
				0:5-			os Zin	Code
			84	City		FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named co	orporation submits this statement for the	purpose of	changing its	s registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida, Such change was au ons of, Section 607,0505, Flori	thorized by da Statutes	the corpor	ation's board of directors. I hereby acce	ot the appoi	ntment as re	gistered
SIGNATURE		,						
SIGNATURE								
	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signature req	ured when reinstating)	DATE		
12.	Stgnature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OF			
12. TITLE	OFFICERS AND		13.	nt signature req	<u></u>		ID DIRECTO	ORS IN 12
	OFFICERS AND D GAY, HELEN MARIE	DIRECTORS	13. 1.1 TITLE 1.2 NAME		<u></u>			
TITLE	OFFICERS AND D GAY, HELEN MARIE 4345 CEDAR RD	DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature req	<u></u>			
TITLE NAME	OFFICERS AND D GAY, HELEN MARIE	D DIRECTORS DELETE.	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADDRESS	<u></u>		Change	Addition
TITLE NAME STREET ADDRESS	OFFICERS AND D GAY, HELEN MARIE 4345 CEDAR RD ORANGE PARK FL D	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	TADDRESS	<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D GAY, HELEN MARIE 4345 CEDAR RD ORANGE PARK FL D GAY, JAMES FRANK, JR.	D DIRECTORS DELETE.	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP	<u></u>		Change	Addition
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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 607, 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: