NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004655

1. Entity Name
Estoria's Adult Day Care Center Inc

FILED
04 SEP 30 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1337 West 23rd St
Suite, Apt. #, etc.
City & State: Jacksonville, Fl
Zip: 32209 Country: USA

3. Mailing Address
1157 Romaine Cir. W.
Suite, Apt. #, etc.
City & State: Jacksonville, Fl
Zip: 32225 Country: USA

4. FEI Number: N01000004655 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Charlie mae Jones
Street Address (P.O. Box Number is Not Acceptable): 1157 Romaine Cir. W.
City: Jacksonville FL Zip Code: 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charlie Mae Jones — 9-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Charlie mae Jones
STREET ADDRESS	1157 Romaine Cir. W.
CITY-ST-ZIP	Jacksonville, Fl 32225
TITLE	Vice President
NAME	Milton B. Jones
STREET ADDRESS	1157 Romaine Cir W.
CITY-ST-ZIP	Jacksonville, Fl. 32225
TITLE	Treasure
NAME	Odessa S. Williams
STREET ADDRESS	2947 Ribault Cir.
CITY-ST-ZIP	Jacksonville, Fl. 32208
TITLE	Secretary
NAME	Dr. Ailene Howard
STREET ADDRESS	5816 Lusaid Dr.
CITY-ST-ZIP	Jacksonville, Fl. 32209
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NAME	
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CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlie Mae Jones — 9-28-04