

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005284

FILED
Aug 07, 2007
Secretary of State

Entity Name: JAYCARE CHILD DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business:

4609 HORTON RD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

4609 HORTON RD
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 59-3737242 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGRIFF, JOYCE D
4990 NESMITH RD
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGRIFF, JOYCE D
Address: 4990 NESMITH RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: SAHADEO, TZEPORAW
Address: 4990 NESMITH RD
City-St-Zip: PLANT CITY, FL 33567

Title: EXD () Delete
Name: MCGRIFF, ERNEST
Address: 4990 NESMITH ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SALES, ROBERTA
Address: 2500 N. FRONTAGE ROAD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE D. MCGRIFF

PD

08/07/2007

Electronic Signature of Signing Officer or Director

Date