

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 07, 2007  
Secretary of State**

DOCUMENT# N01000005284

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:**

MCGRUFF, 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: MCGRUFF, 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: MCGRUFF, 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. MCGRUFF

PD

08/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date