

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011281

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: HERITAGE DAYCARE, INC.

## Current Principal Place of Business:

3940 N. U.S. HEY 441  
OCALA, FL 34475

## New Principal Place of Business:

3940 N. U.S. HWY 441  
OCALA, FL 34475

## Current Mailing Address:

3940 N. U.S. HEY 441  
OCALA, FL 34475

## New Mailing Address:

3940 N. U.S. HWY 441  
OCALA, FL 34475

FEI Number: 20-3784231      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:

LOFTON, FREDDIE  
3940 N. U.S. HEY 441  
OCALA, FL 34475      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition  
Name: LOFTON, RUTH A  
Address: 5497 NW 53RD ST  
City-St-Zip: OCALA, FL 34482

Title: D ( ) Change (X) Addition  
Name: LOFTON, FREDDIE II  
Address: 41 PECAN RUN COURSE  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Change (X) Addition  
Name: ANDERSON, TAFFEN L  
Address: 2221 NE 40TH CT  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Change (X) Addition  
Name: LOFTON, JAZMIN D  
Address: 5497 NW 53RD ST  
City-St-Zip: OCALA, FL 34482

Title: DS ( ) Change (X) Addition  
Name: LONON, CHERYL A  
Address: 4411 NW 60TH ST  
City-St-Zip: OCALA, FL 34482

Title: DVP ( ) Change (X) Addition  
Name: LOFTON, FREDDIE H  
Address: 5497 NW 53RD ST  
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH A. LOFTON

D

07/11/2006

Electronic Signature of Signing Officer or Director

Date