NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT # N22911**

1. Corporation Name

EXTENDED DAY, INC.

Principal Place of Business								
C/O JOHN E. STEARNS								
557 RONNOC LANE								
NEW SMYRNA BEACH FL 32168								
US								

Mailing Address

**600 EATON-POAD** 9707-SAXON DR.

EDGEWATER FL 32160 3853

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90292 034 \*\*\*\*61.25

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03		03									
2. Principal Pl	lace of Business	2a. Mailing Address 26 P.O. Box 703214				Incorporated or Qu 08/1987	alifed				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI N			Ap	plied For		
22		27			59-2	905722		No	t Applicable		
City & State		City & State Snryma		Beach	5. Certificate of Status Desired		red 🔲	\$8.75 Additional Fee Required			
Zip	Country 25	Country Zip Country				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
			81	Name							
EOSTED I	ELIZADETH		00	- China a Nata	dance (O.O. B.	u blumbaria blat A					
FOSTER, ELIZABETH 2026 TRAVLERS PALM DR				82 Street Address (P.O. Box Number is Not Acceptable)							
	TER FL 32141		83			·					
	CHIL SZITI		0.4					85 Zip (			
<b>i</b>			84	City			FL	85 Zip (	200e		
offic∈ or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corporat	rporation subri tion's board o	nits this statement f f directors. I hereby	or the purpose of accept the a spoi	changing its	registered gistered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	aistered Age	nt signature requir	ired when reinstatin	a)	DATi		]		
12.	OFFICERS ANI		13.			IONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition		
NAME	STEARNS, JOHN E.		1.2 NAME								
STREET ADD RESS	600 EATON RD		1.3 STREE	TADDRESS .	2518	IndiaP	alm Dr		1		
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-S	T-ZIP E	Edgew	India P	1 35	4141	}		
TITLE	D	☐ DELETE	2.1 TITLE	-	<del></del>	1		Change	Addition		
NAME	STEARNS, CAROLYN A.		2.2 NAME						}		
STREET ADD RESS	3707 SAXON DRIVE		2.3 STREE	TADORESS							
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-5	ST-ZIP							
TITLE	D	☐ DELETE	3.1 TITLE				-	Change	Addition		
NAME	FOSTER, ELIZABETH		3.2 NAME								
STREET ADD RESS	2026 TRAVELERS PALM DRIVE		3.3 STREE	TADDRESS							
CITY-ST-ZIP	EDGEWATER FL		3.4. CITY-S	ST-ZIP							
TITLE		☐ DELETE	41 TITLE					Change	Addition		
NAME			4.2 NAME		•						
STREET ADDRESS			4.3 STREE	TADDRESS							
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition		
NAME			5.2 NAME								
STREET ADDRESS				T ADORESS							
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-S 6 1 TITLE	T- ZIP		<del></del>					
TITLE		☐ DELETE						Change	☐ Addition		
NAME			62 NAME						Į		
STREET ADDRESS			ľ	T ADDRESS							
CITY-ST-ZIP			6.4 CITY-S	T-ZIP							

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 617, 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:

CR2E037 (11/98)