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**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24158 (0)

1. Corporation Name
ORLANDO DAY NURSERY FOUNDATION, INC.



Principal Place of Business ORLANDO DAY NURSERY 100 W. ANDERSON STREET ORLANDO FL 32801 US	Mailing Address ORLANDO DAY NURSERY 100 W. ANDERSON STREET ORLANDO FL 32801 US
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3. Date Incorporated or Qualified 12/30/1987
4. FEI Number 59-2865202
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CHAYNE, BILLIE H.
100 WEST ANDERSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CHAYNE, BILLIE H.
STREET ADDRESS	12564 BOHANNON BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	EUBANKS, PATRICIA
STREET ADDRESS	2180 TUSCARORA TR
CITY-ST-ZIP	MAITLAND FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	PECORA, ANNE
STREET ADDRESS	614 E. RICHMOND AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	WING, JANE W.
STREET ADDRESS	1224 ROYAL OAK DRIVE
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	KILBEY, JANE S.
STREET ADDRESS	750 FORREST ST.
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAM, MYRNA
STREET ADDRESS	442 OAK HAVEN DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DP
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME U.R. MARTIN
5.3 STREET ADDRESS 1861 SHILOH LAKE
5.4 CITY-ST-ZIP WINTER PARK, FL 32789-5840
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME DVP
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE: _____ **4/27/98** **407 644 8534**

CR2E037 (10/97)

ADDITIONAL DIRECTORS

D

Ms Mary Jo Asher
2221 Santa Antilles
Orlando, Florida 32806

D

Ms Ouida Harman
1612 Lando Lane
Orlando, FI 32806