


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 023 ****61.25

DOCUMENT # N24158
 1. Entity Name
ORLANDO DAY NURSERY FOUNDATION, INC.



Principal Place of Business Mailing Address
ORLANDO DAY NURSERY
100 W. ANDERSON STREET
ORLANDO FL 32801
US

30014310



1st MOORE CR2E037 (10/04)

2. Principal Place of Business *512 W. Central Ave.*
 3. Mailing Address *512 W. Central Ave.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2865202**
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHAYNE, BILLIE H.
~~100 WEST ANDERSON STREET~~ *512 W. Central Ave.*
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHER, MARY JO	
STREET ADDRESS	2221 SANTA ANTIILLES	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUBANKS, PATRICIA	
STREET ADDRESS	2180 TUSCARORA TR	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECORA, ANNE	
STREET ADDRESS	614 E. RICHMOND AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP DT	<input type="checkbox"/> Delete
NAME	WING, JANE W.	
STREET ADDRESS	1224 ROYAL OAK DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARTER, SHIRLEY	
STREET ADDRESS	9445 LAKE HICKORY NUT DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELA KABOOL	
STREET ADDRESS	22 OCEAN CREST DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE KILBEY	
STREET ADDRESS	750 FOREST ST.	
CITY-ST-ZIP	WINTER SPRINGS, FL	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLIE CHAYNE	
STREET ADDRESS	12504 BOHANNON BVD	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jane W. Wing* **JANE W. WING** *2-2-05* *407 365-7264*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #