

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32993** (0)

1. Corporation Name

JACKSONVILLE CENTER DAYCARE, INC.

FILED
Jun 26, 1996 08:00 A
Secretary of State



Principal Place of Business

Mailing Address

**10 AVIATION AVENUE
HILLIARD FL 32046
US**

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HILLIARD FL 32046
US**

3. Date Incorporated or Qualified
06/27/1989

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, WAYNE
ALICE ST.
RT 3 BOX 315
HILLIARD FL 32046**

81 Name **Rogers, Michael D.**
82 Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 247-m
83 **Hwy 108**
84 City **Hilliard** FL 85 Zip Code **32046**

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

[Signature]
Signature, typed or printed name of registered agent and title (Agent/Title)

(NOTE: Registered Agent signature required when reinstating)

3/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, WAYNE	
STREET ADDRESS	RT 3 BOX 315	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRIDGET, ROGERS	
STREET ADDRESS	RT 2 BOX 247-M	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	[REDACTED]	
STREET ADDRESS	5876 COPPER CREEK	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NIGHTBERT, LISA	
STREET ADDRESS	P.O. BOX 485	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, KRISTI T	
STREET ADDRESS	7855 MOSS POINTE TRAIL E.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President (P) / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Rogers	
1.3 STREET ADDRESS	RT 2 Box 247-m	
1.4 CITY-ST-ZIP	Hilliard FL 32046	
2.1 TITLE	Vice-President (V) / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vicky Cornett	
2.3 STREET ADDRESS	RT 3 Box 315 Alice st.	
2.4 CITY-ST-ZIP	Hilliard FL 32046	
3.1 TITLE	Treasurer (T) / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Phil Bassett	
3.3 STREET ADDRESS	10 Aviation Ave	
3.4 CITY-ST-ZIP	Hilliard, FL 32046	
4.1 TITLE	Secretary (S) / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Angela Miles	
4.3 STREET ADDRESS	10 Aviation Ave	
4.4 CITY-ST-ZIP	Hilliard FL 32046	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600001876546	
5.4 CITY-ST-ZIP	-06/26/96--01083--027	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature] **Michael D. Rogers** **3/30/96 (904) 845-1543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)