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Jun 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N32993 (0)

1. Corporation Name

JACKSONVILLE CENTER DAYCARE, INC.

Principal Place of Business

10 AVIATION AVENUE
HILLIARD FL 32046
US

Mailing Address

10 AVIATION AVENUE
HILLIARD FL 32046-5002
US



3. Date Incorporated or Qualified
06/27/1989

3a. Date of Last Report
06/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, MICHAEL D
RT. 2 BOX 247-M
HWY 108
HILLIARD FL 32046

new address only
RT 5 Box 9244 HWY 108
Hilliard, FL 32046

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
ROGERS, MICHAEL
RT. 2 BOX 247-M
HILLIARD FL 32046

DELETE

TITLE

VPD
CORNETT, VICKY
RT. 3 BOX 315 ALICE ST.
HILLIARD FL 32046

DELETE

TITLE

TD
BASSETT, PHIL
10 AVIATION AVENUE
HILLIARD FL 32046

DELETE

TITLE

SD
MILES, ANGELA
10 AVIATION AVENUE
HILLIARD FL 32046

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ROGERS, MICHAEL
RTS BOX 9244 HWY 108
Hilliard, FL 32046

Change Addition

of address only

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD
JACQUELINE J. LENARD
~~Box 346~~ 304 HENRY SMITH RD
~~HILLIARD FL 32046~~ HILLIARD, FL 32046

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SD
KATHY KUTCH
~~10 AVIATION AVE~~ RT1 Box 2379 Kolas Ferry Rd.
HILLIARD, FL 32046

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-06/27/97--01003--008
***70.00

14. I do 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. Michael D. Rogers

CR2E037 (9/96)