

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US**

3. Date Incorporated or Qualified

**06/27/1989**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, MICHAEL D  
RT 5 BOX 9244 HWY 108  
HILLIARD FL 32046**

81

82 Street Address P.O. Box Number (is Not Acceptable)

83

84

**FL**

8: City & State

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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROGERS, MICHAEL</b>	
STREET ADDRESS	<b>RT 5 BOX 9244 HWY 108</b>	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORNETT, VICKY</b>	
STREET ADDRESS	<b>RT. 3 BOX 315 ALICE ST.</b>	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LENARD, JACQUELINE J</b>	
STREET ADDRESS	<b>304 HENRY SMITH RD</b>	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KUTCH, KATHY</b>	
STREET ADDRESS	<b>RT 1 BOX 2379 KOLAS FERRY RD.</b>	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bridget C. Rogers</b>	
1.3 STREET ADDRESS	<b>RT 5 Box 9244 Hwy 108</b>	
1.4 CITY - ST - ZIP	<b>Hilliard, FL 32046</b>	
2.1 TITLE	<b>KATHY KUTCH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RT 1 Box 2379 KOLAS FERRY RD.</b>	
2.3 STREET ADDRESS	<b>Hilliard, FL 32046</b>	
2.4 CITY - ST - ZIP	<b>Hilliard, FL 32046</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LENARD, JACQUELINE J</b>	
3.3 STREET ADDRESS	<b>2208 PINE ST.</b>	
3.4 CITY - ST - ZIP	<b>Hilliard, FL 32046</b>	
4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BETH LAYTON</b>	
4.3 STREET ADDRESS	<b>2533 PINE IS. CT.</b>	
4.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32224</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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)(l), 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 changed, or on an attachment with an address.

SIGNATURE: *Bridget C. Rogers* (Bridget C. Rogers) 4/13/98 904-845-7266

CR2E037 (10/97)