

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32993

FILED
Dec 01, 2004
Secretary of State**Entity Name:** JACKSONVILLE CENTER DAYCARE, INC.**Current Principal Place of Business:**37063 JUMPING JAX LANE
HILLIARD, FL 32046 US**New Principal Place of Business:****Current Mailing Address:**37063 JUMPING JAX LANE
HILLIARD, FL 32046 US**New Mailing Address:**P. O. BOX 1006
HILLIARD, FL 32046 US**FEI Number:** 59-3042967 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**RICHARD, GILES
1617 SADDLEBROOK LANE
JACKSONVILLE, FL 32221 US**Name and Address of New Registered Agent:**LENARD, JACQUILINE J
36887 PINE STREET
HILLIARD, FL 32046 US

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.

SIGNATURE: JACQUILINE J. LENARD

12/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: WILSON, MAURICE
Address: 11391 SECRETARIAL LANE W.
City-St-Zip: JACKSONVILLE, FL 32218**Title:** SD () Delete
Name: LENARD, JACQUILINE J
Address: 2208 PINE ST
City-St-Zip: HILLIARD, FL 32046**Title:** PD () Delete
Name: GILES, RICHARD
Address: 1617 SADDLEBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32221**Title:** TD () Delete
Name: THEODORA, RICHARDSON L
Address: 939 TORTOISE WAY
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUILINE J. LENARD

SD

12/01/2004

Electronic Signature of Signing Officer or Director

Date