# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 01, 2005**
**Secretary of State**

DOCUMENT# N32993

**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:**

P. O. BOX 1006
HILLIARD, FL 32046 US

**New Mailing Address:**

**FEI Number: 59-3042967** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LENARD, JACQULINE J
36887 PINE STREET
HILLIARD, FL 32046 US

**Name and Address of New Registered Agent:**

RICHARDSON, THEODORA L
75624 EDWARDS STREET
YULEEN, FL 32097 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: THEODORA L. RICHARDSON 11/01/2005
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: TD (X) Delete
Name: LENARD, JACQULINE J
Address: 36887 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: SD ( ) Delete
Name: THEODORA, RICHARDSON L
Address: 75624 EDWARDS STREET
City-St-Zip: YULEE, FL 32097

**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: THEODORA L. RICHARDSON SD 11/01/2005
Electronic Signature of Signing Officer or Director Date