FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 16 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33577 (0)

1. Corporation Name
SONSHINE DAY PRESCHOOL, INC.

Principal Place of Business	Mailing Address
4039 NEWBERRY ROAD GAINESVILLE FL 32607	4039 NEWBERRY ROAD GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1989
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2965294 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JOHNS, SUSAN W
4039 NEWBERRY ROAD
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: Stephanie N Johns
82 Street Address (P.O. Box Number Is Not Acceptable): 4039 Newberry Road
83
84 City: Gainesville FL 85 Zip Code: 32607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephanie Johns Stephanie N. Johns, Director 5-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DM	11 TITLE	DM	☑ Change ☐ Addition
NAME	JOHNS, SUSAN W	12 NAME	Johns, Stephanie N.	
STREET ADDRESS	1024 SW 79 TERR	13 STREET ADDRESS	2337 SW 73rd Terrace	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	DP	21 TITLE	DP	☑ Change ☐ Addition
NAME	GRIFFIN, APRIL	22 NAME	Greene, Ruby	
STREET ADDRESS	4680 NEWBERRY RD	23 STREET ADDRESS	4110 SW 2 Ave	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	DV	31 TITLE	DV	☑ Change ☐ Addition
NAME	ELLINGTON, BEVERLY	32 NAME	Willis, Steve	
STREET ADDRESS	10008 SW 38 PL	33 STREET ADDRESS	5130 NW 27 Terrace	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	DS	41 TITLE	DS	☑ Change ☐ Addition
NAME	STEERS, CHERI	42 NAME	Browning, Tammy	
STREET ADDRESS	10909 NW 32 PL	43 STREET ADDRESS	7603 NW 37 Terrace	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DT	51 TITLE	DT	☑ Change ☐ Addition
NAME	GOOD, TIM	52 NAME	Vlacos, Judy	
STREET ADDRESS	10114 SW 38TH PLACE	53 STREET ADDRESS	Rt. 4 Box 215 A	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	GREENE, RUBY	62 NAME	Cowart, Pauline	
STREET ADDRESS	4110 SW 2 AVE	63 STREET ADDRESS	4311 NW 13th Avenue	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Gainesville, FL 32605	

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)(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.

SIGNATURE: Stephanie Johns Stephanie Johns, Director 5-8-95 (904) 372-2682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002038