

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N33577

(0)

1. Corporation Name

SONSHINE DAY PRESCHOOL, INC.

700001755327

-03/25/96--01005--043

***8.75

600001755326

-03/25/96--01005--042

***61.25



Principal Place of Business

Mailing Address

4039 NEWBERRY ROAD
GAINESVILLE FL 32607

4039 NEWBERRY ROAD
GAINESVILLE FL 32607

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

JOHNS, STEPHANIE
4039 NEWBERRY RD
GAINESVILLE FL 32607

81 Name Pauline Cowart

82 Street Address (P.O. Box Number is Not Acceptable)
4039 Newberry Rd

83

84 City Gainesville FL 85 Zip Code 32607

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

Pauline Cowart

Pauline Cowart

2-9-96

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

(NOTICE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DM
NAME JOHNS, STEPHANIE
STREET ADDRESS 2337 SW 73RD TERRACE
CITY-STATE-ZIP GAINESVILLE FL

☒ DELETE

1.1 TITLE DP President
1.2 NAME Linda Cravey
1.3 STREET ADDRESS 208 NW 36th Drive
1.4 CITY-STATE-ZIP Gainesville FL 32607

☐ Change ☒ Addition

TITLE DP
NAME GREENE, RUBY
STREET ADDRESS 4110 SW 2ND AVE
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

2.1 TITLE D April Griffin
2.2 NAME
2.3 STREET ADDRESS 4680 Newberry Rd
2.4 CITY-STATE-ZIP Guille FL 32607

☐ Change ☒ Addition

TITLE DV
NAME WILLIS, STEVE
STREET ADDRESS 5130 NW 27TH TERRACE
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

3.1 TITLE D Lynn Bustamante
3.2 NAME
3.3 STREET ADDRESS 278 NW 35th St
3.4 CITY-STATE-ZIP Guille FL 32607

☐ Change ☒ Addition

TITLE DS
NAME BROWNING, TAMMY
STREET ADDRESS 7603 NW 37TH PLACE
CITY-STATE-ZIP GAINESVILLE FL

☒ DELETE

4.1 TITLE D Trudie Dubose
4.2 NAME
4.3 STREET ADDRESS 511 NW 52nd Terr
4.4 CITY-STATE-ZIP Guille FL 32607

☐ Change ☒ Addition

TITLE DT
NAME VIACOS, JUDY
STREET ADDRESS RT 4 BOX 215A
CITY-STATE-ZIP ALACHUA FL

☒ DELETE

5.1 TITLE DS Secretary
5.2 NAME Donna Lecznar
5.3 STREET ADDRESS 1624 NW 94 Street
5.4 CITY-STATE-ZIP Guille FL 32606

☐ Change ☒ Addition

TITLE D
NAME COWART, PAULINE
STREET ADDRESS 4311 NW 13TH AVE
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

6.1 TITLE DVP Gayle Malpass
6.2 NAME
6.3 STREET ADDRESS 4937 NW 30th Pl
6.4 CITY-STATE-ZIP Guille FL 32606

☐ Change ☐ Addition

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)(k), 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:

Pauline Cowart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pauline Cowart

Date

Daytime Phone

2-9-96 904-322-2682

3-22-96

CR2E037 (12/95)