

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33577 (0)

1. Corporation Name

SONSHINE DAY PRESCHOOL, INC.



Principal Place of Business

Mailing Address

4039 NEWBERRY ROAD
GAINESVILLE FL 326074039 NEWBERRY ROAD
GAINESVILLE FL 32607-2342

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/01/1989

3a. Date of Last Report

03/22/1996

4. FEI Number

59-2065294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

COWART, PAULINE
4039 NEWBERRY RD
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	CRAVEY, LINDA	
STREET ADDRESS	208 NW 36 DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, RUBY	
STREET ADDRESS	4110 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	WILLIS, STEVE	
STREET ADDRESS	5130 NW 27TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, APRIL	
STREET ADDRESS	4680 NEWBERRY RD	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	<input checked="" type="checkbox"/> V	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, LYNN	
STREET ADDRESS	218 NW 35 ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COWART, PAULINE	
STREET ADDRESS	4311 NW 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Gayle Malpass - S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	4937 NW 30th Pl		
1.3 STREET ADDRESS	Gainesville FL 32606		
1.4 CITY-ST-ZIP			

2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Jane Smith		
2.3 STREET ADDRESS	3841 SW 6th Pl		
2.4 CITY-ST-ZIP	Gainesville, FL 32607		

3.1 TITLE	Lynn Owens - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	1800 SW 98th St		
3.3 STREET ADDRESS	Gainesville, FL		
3.4 CITY-ST-ZIP			

4.1 TITLE	Kevin Griffin - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	4680 Newberry Rd		
4.3 STREET ADDRESS	Gainesville FL 32607		
4.4 CITY-ST-ZIP			

5.1 TITLE	Mary Motes - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	7635 NW 38th Pl		
5.3 STREET ADDRESS	Gainesville FL 32606		
5.4 CITY-ST-ZIP			

6.1 TITLE	Dorothea Hawes - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	128 NW 170th Street		
6.3 STREET ADDRESS	Gainesville FL 32669		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:

Pauline Cowart, Pauline Cowart H797 352-372-2482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011009

CR2E037 (9/96)