


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33577** (0)

1. Corporation Name

SONSHINE DAY PRESCHOOL, INC.



Principal Place of Business 4039 NEWBERRY ROAD GAINESVILLE FL 32607	Mailing Address 4039 NEWBERRY ROAD GAINESVILLE FL 32607
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3. Date Incorporated or Qualified 08/01/1989	
4. FEI Number 59-2065294	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COWART, PAULINE 4039 NEWBERRY RD GAINESVILLE FL 32607	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Pauline Cowart DATE 1/20/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CRAVEY, LINDA
STREET ADDRESS	208 NW 36 DR
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	PD <input type="checkbox"/> DELETE
NAME	SMITH, JANE
STREET ADDRESS	2017 NW 6TH PL
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	WILLIS, STEVE
STREET ADDRESS	5130 NW 27TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIFFIN, KEVIN
STREET ADDRESS	4680 NEWBERRY RD
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. Linda Cravey
1.3 STREET ADDRESS	208 NW 36th Dr.
1.4 CITY-ST-ZIP	Gainesville FL 32607
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dorothea Hawes
2.3 STREET ADDRESS	123 NW 170th St.
2.4 CITY-ST-ZIP	Newberry FL 32669
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gayle Malpass
3.3 STREET ADDRESS	4937 NW 30th Pl
3.4 CITY-ST-ZIP	Gainesville FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 DATE: 1/20/98 1-352-377-7682

CR2E037 (10/97)