


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90056 003 *****8.75
03-02-1999 90056 004 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33577

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/01/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2965294
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Director

1-6-99

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Gayle Malpass Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWES, DOROTHEA	1.2 NAME	3311 NW 26th Terr
STREET ADDRESS	128 NW 170TH ST	1.3 STREET ADDRESS	Gainesville FL
CITY-ST-ZIP	NEWBERRY FL 32607	1.4 CITY-ST-ZIP	32605
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JANE	2.2 NAME	Cleona George
STREET ADDRESS	3847 SW 6TH PL	2.3 STREET ADDRESS	6423 NW SR 45
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	HIGH SPRINGS FL 32643
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAVEY, LINDA	3.2 NAME	Terry Crews
STREET ADDRESS	208 NW 36TH DR	3.3 STREET ADDRESS	4630 NW 27th Terr
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, KEVIN	4.2 NAME	Diane Wasdin
STREET ADDRESS	4680 NEWBERRY RD	4.3 STREET ADDRESS	19107 NE US Hwy 301
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Waldo FL 32694
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSTAMANTE, LYNN	5.2 NAME	Mitch Wright
STREET ADDRESS	218 NW 35 ST	5.3 STREET ADDRESS	4116 SW 170th St
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	Archer FL 32618
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COWART, PAULINE	6.2 NAME	
STREET ADDRESS	4311 NW 13TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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, with all other like empowered.

SIGNATURE: *Pauline Cowart* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

352-372-71682

Date

Daytime Phone #

CR2E037 (1/198)