

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33577

FILED
Feb 12, 2008
Secretary of State

Entity Name: SONSHINE DAY PRESCHOOL, INC.

Current Principal Place of Business:

10000 NEWBERRY RD.
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

10000 NEWBERRY RD.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-2965294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREIST, HEATHER
10000 NEWBERRY RD.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONRAD, BRYAN
Address: 5401 SW 86TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: STORMANT, WILLIAM
Address: 5304 NW 173RD STREET
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: POGUE, TERRI
Address: 4236 NW 20TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: M () Delete
Name: SMITH, JANE
Address: 3847 SW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: M () Delete
Name: WAGNER, AMY
Address: 1524 NW 89TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: M () Delete
Name: PUGH, JESSE
Address: 8915 SW 92ND LN
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER L. GREIST

DIR

02/12/2008

Electronic Signature of Signing Officer or Director

Date