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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36370

(7)

1. Corporation Name

A COUNTRY DAY-CARE, INC.

Principal Place of Business

11364 ROBINSON LANE  
DUNNELLON FL 34431

Mailing Address

11364 ROBINSON LANE  
DUNNELLON FL 34431-64223. Date Incorporated or Qualified  
01/30/19903a. Date of Last Report  
03/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number

59-2987785

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$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

10. Name and Address of New Registered Agent

POLLARD, JOY  
6600 NW 4TH PL  
PLANTATION FL 33317

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CARROLL, JORI  
STREET ADDRESS 13550 SE 98 ST  
CITY-ST-ZIP DUNNELLON FL 344311.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME CARROLL, JOHNNY L.  
STREET ADDRESS 13550 SE 98 ST  
CITY-ST-ZIP DUNNELLON FL 344312.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME POLLARD, JOY  
STREET ADDRESS 6600 NW 4TH PL  
CITY-ST-ZIP PLANTATION FL 333173.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME POLLARD, JAMIE  
STREET ADDRESS 7051 SW 41ST PL  
CITY-ST-ZIP PLANTATION FL 333144.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VS ☐ DELETE  
NAME CHARRON, DEBORAH  
STREET ADDRESS 9974 S CLAIRTON ST  
CITY-ST-ZIP HIGHLANDS RANCH CO 801265.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Joy E. Carroll RECORDED  
Signature and typed or printed name of signing officer or director  
Date 2/5/97  
Daytime Phone # (352) 489-2857

CR2E037 (9/96)