

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N36370

(7)

1. Corporation Name

A COUNTRY DAY-CARE, INC.

Principal Place of Business

Mailing Address

11364 ROBINSON LANE
DUNNELLON FL 34431

11364 ROBINSON LANE
DUNNELLON FL 34431

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1990

4. FEI Number

59-2987785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

POLLARD, JOY
6600 NW 4TH PL
PLANTATION FL 33317

81 Name

Michael F. Sherouse

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

17613 SW 116th Place

83

84 City

Dunnellon

FL

85 Zip Code

34432

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

Michael F. Sherouse

Michael F. Sherouse

4-23-98

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 PD ☒ DELETE

NAME CARROLL, JORI
STREET ADDRESS 13550 SE 98 ST
CITY-ST-ZIP DUNNELLON FL 34431

TITLE VD ☒ DELETE

NAME CARROLL, JOHNNY L.
STREET ADDRESS 13550 SE 98 ST
CITY-ST-ZIP DUNNELLON FL 34431

TITLE SD ☒ DELETE

NAME POLLARD, JOY
STREET ADDRESS 6600 NW 4TH PL
CITY-ST-ZIP PLANTATION FL 33317

TITLE T ☒ DELETE

NAME POLLARD, JAMIE
STREET ADDRESS 7051 SW 41ST PL
CITY-ST-ZIP PLANTATION FL 33314

TITLE VS ☒ DELETE

NAME CHARRON, DEBORAH
STREET ADDRESS 9974 S CLAIRTON ST
CITY-ST-ZIP HIGHLANDS RANCH CO 80126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Kelly Sherouse
1.3 STREET ADDRESS 17613 SW 116th PL
1.4 CITY-ST-ZIP Dunnellon, FL 34432

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Michael F. Sherouse
2.3 STREET ADDRESS 17613 SW 116th PL
2.4 CITY-ST-ZIP Dunnellon, FL 34432

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME Lisa M. Brown
3.3 STREET ADDRESS 4260 West Woodlawn St
3.4 CITY-ST-ZIP Dunnellon, FL 34433

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME Kim M Krewson
4.3 STREET ADDRESS 8 Teak Loop
4.4 CITY-ST-ZIP Ocala, FL 34471

5.1 TITLE VS ☐ Change ☒ Addition

5.2 NAME Lori Woodard
5.3 STREET ADDRESS P O Box 528
5.4 CITY-ST-ZIP Williston, FL 34450

6.1 TITLE ☐ Change ☒ 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.

CR2E037 (10/97)