2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N36370

1. Entity Name
A COUNTRY DAY-CARE, INC.

Principal Place of Business
11364 ROBINSON LANE
DUNNELLON, FL 34431

Mailing Address
11364 ROBINSON LANE
DUNNELLON, FL 34431

04262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2987785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEROUSE, MICHAEL F
17613 S.W. 116TH PLACE
DUNELLON, FL 34432

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEROUSE, KELLY
STREET ADDRESS	17613 S.W. 116TH PLACE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	VD
NAME	SHEROUSE, MICHAEL F
STREET ADDRESS	17613 S.W. 116TH PLACE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	SD
NAME	BROWN, LISA M
STREET ADDRESS	4260 WEST WOODLAWN STREET
CITY-ST-ZIP	DUNELLON, FL 34433
TITLE	TD
NAME	KREWSON, KIM M
STREET ADDRESS	8 TEAK LOOP
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VS
NAME	WOODARD, LORI
STREET ADDRESS	P.O. BOX 528, N/A
CITY-ST-ZIP	WILLISTON, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80118-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Sherouse 4/26/06 489-2857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #