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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

1. Corporation	IVIEIVI # IV404U	၁ (8)		f						
DAISY ADAMS CENTER, INC.										
PAIGT VIDUMO OFITERS IIIO.										#(0) 0
Principal Place of Business Mailing Address						I TO DETECT OF OUR OF THE	Alst: 21211 E0110		BI B \$	MAII AMAN IAMI
1800 ADAMS ACRE ROAD 1800 ADAMS ACRE ROAD						3. Date Incorporated	or Qualified	·		
ST. AUGUSTIN	IE FL 32095	ST. AUGUSTINE FL 32095				10/01/1991				
						4. FEI Number			A	pplied For
0.00	N					59-3097694	<u> </u>		N	lot Applicable
	ANASHASIA Blod.	2a. Mailing Address 25 P. O. Box	3689	,		5. Certificate of Statu	s Desired			Additional
Suite, Apt.		Suite, Apt. #, etc.	<u>, 000</u>			6. Election Campaign	Financing		\$5.00	lequired
22	Du lang	27				Trust Fund Contrib	•		Added t	
City & State		City & State 28 St. Awaystine, Fla.			7. Is this nonprofit co			_	ΣΠ?	
23 5 1 L	Country					ļ <u></u>			No	
24 320E		Zip 29 52035 - 368 7	Country 30 Shi	, Ighva		8. This corporation of	•		_	
9. Name and Address of Current Registered Agent				حەرىسى	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					7 1/10
				Name				-gccc.	- gom	
WHITEMAN, JOHN L.				Stroot	۸۵۵۲۵	ss (P.O. Box Number is	Vat Annantal	nla\		
81 KING STREET				Sileet	-tuure	SS (F.O. BOX NUMBER IS	voi Acceptai	ole)		
SUITE A										
ST. AUGUSTINE FL 32084				City					85 Zip	Code
						1		<u>FL</u>	. -	
office or r	s, the abovi ithorized by	e-named / the corp	corpo coratio	ration submits this stater in's board of directors. I	nent for the p hereby acces	ourpose o	f changing it pointment as	ts registered registered		
	im familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Statutes	3.		;				•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature	required	d when reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	P DELETE		1,1 TITLE \		W	ANDA 5. Sm	. th		Change	Addition
NAME	LUTZ, ROBERT		1.2 NAME 5		5	902 Rio R	SHAIL	Rd.		
STREET ADDRESS	<u></u>					1. Augustin			2004	
CITY-ST-ZIP TITLE	ST AUGUSTINE FL D L DELETE		1.4 CITY-S	T-ZIP	-2.2	MAN COLIN	عد ر ب	177 -		
NAME	TRIPE. JUDI		2.1 TITLE			ļ			L Change	Addition
STREET ADDRESS	40 KON TIKI CIRCLE		2.2 NAME 2.3 STREET ADDRESS			1				
CITY-SI-ZIP	ST AUGUSTINE FL		2. 4 CITY-ST-ZIP			;				
TITLE	D	DELETE	3,1 TITLE	H-ZIF					Change	Addition
NAME	HENLEY MCDONALD, CAROL		3.2 NAME							
STREET ADDRESS	1800 ADAMS ACRES ROAD		3.3 STREET	ADDRESS		1				
CITY-ST-ZIP	ST AUGUSTINE FL		3.4. CITY-5	IT-ZIP						
TITLE	D	DELETE	4.1 TITLE	ĺ					Change	☐ Addition
NAME	GOBLEMAN, MARY B		4. 2 NAME							
STREET ADDRESS	1596 LANCASTER TERRACE #	6A	4.3 STREET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - S	T-ZIP						
TITLE	D COLUED TEANINE	DELETE	5.1 TITLE						L Change	Addition
NAME	MOELLER, JEANNE		5.2 NAME			1				}
STREET ADDRESS	40 CINCINNATI AVENUE ST. AUGUSTINE FL		5.3 STREET	- 1						
CITY-ST-ZIP TITLE	D D	DELETE	5.4 CITY-ST 6.1 TITLE	I-ZIP					Change	Addition
NAME	WEDDLE, PAT	- >	6.1 TITLE	ļ						
STREET ADDRESS	351 ARMAS AVENUE		6.3 STREET	ADDRESS						
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-SI	1		1				
- Mar.			- U. UIII U							

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.

01-15-98