2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N45406

1. Entity Name
DAISY ADAMS CENTER, INC.

Principal Place of Business	Mailing Address
701 ANASTASIA BLVD B BUILDING SAINT AUGUSTINE, FL 32080 US	P.O. BOX 366 ST AUGUSTINE, FL 32085-366 US

02102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3097694
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, G D
211 SHORE DRIVE
SAINT AUGUSTINE, FL 32086

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000050006
02/13/04-80045-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARBER, TRISH
STREET ADDRESS	522 TURNBERRY LANE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	D
NAME	TRIPE, JUDI
STREET ADDRESS	40 KON TIKI CIRCLE
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	D
NAME	WEDDLE, PATRICIA
STREET ADDRESS	505 PRINCE ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	TRIPI, TONY
STREET ADDRESS	40 KON TIKI CIRCLE
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	P
NAME	BUTLER, G D
STREET ADDRESS	211 SHORE DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: G D Butler G.D. Butler, President 2/11/04 904-826-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #