2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

08262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
BUTLER, G D 211 SHORE DRIVE SAINT AUGUSTINE, FL 32086	Name CARL SIMONE Street Address (P.O. Box Number is Not Acceptable) 527 LAKE ROAD City PONTE VEDRA FL Zip Code 32082

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 Carl Simone CARL SIMONE Pres. 8/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, TRISH 522 TURNBERRY LANE ST AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition P/C CARL SIMONE 527 LAKE ROAD PONTE VEDRA, FL. 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPE, JUDI 40 KON TIKI CIRCLE ST AUGUSTINE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D JIM THORNWELL 683-A PONTE VEDRA BLVD. PONTE VEDRA, FL. 32004-0136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEDDLE, PATRICIA 505 PRINCE ROAD SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D ALVIN COLLINS 17 BUFFALO PLAINS PALM COAST, FL. 32137-9458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPI, TONY 40 KON TIKI CIRCLE ST AUGUSTINE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700041390967 09/28/04--01019--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUTLER, G D 211 SHORE DRIVE SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carl Simone CARL SIMONE Pres. 8/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #