# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2005 8:00 am**
**Secretary of State**
03-24-2005 90031 036 ****70.00

DOCUMENT # N45406

1. Entity Name
DAISY ADAMS CENTER, INC.

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

03182005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1735 St. Rd. 16 | 1735 St. Rd. 16 |
| Suite, Apt. #, etc.: Suite 2 | Suite, Apt. #, etc.: Suite 2 |
| City & State: St. Augustine FL | City & State: St. Augustine FL |
| Zip: 32084 Country: US | Zip: 32084 Country: US |

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 |
|---|---|
| SIMONE, CARL<br>527 LAKE ROAD<br>PONTE VEDRA, FL 32082 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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, 2005**

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 | PC<br>SIMONE, CARL<br>527 LAKE ROAD<br>PONTE VEDRA, FL 32082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HORNWELL, JIM T<br>683-A PONTE VEDRA BLVD<br>PONTE VEDRA, FL 320040136 | ☐ Delete<br>Spelling | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Thornwell, Jim T | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLLINS, ALVIN<br>17 BUFFALO PLAINS<br>PALM COAST, FL 321379458 | ☐ 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** Shane Moran Shane Moran 3/21/05 904 824-4391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #