2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N45406

1. Entity Name
DAISY ADAMS CENTER, INC.

Principal Place of Business	Mailing Address
1735 ST RD 16 SUITE 2 SAINT AUGUSTINE, FL 32084 US	1735 ST RD 16 SUITE 2 SAINT AUGUSTINE, FL 32084 US

DO NOT WRITE IN THIS SPACE

03142006 No Chg-NP CR2E037 (11/05)

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

SIMONE, CARL
527 LAKE ROAD
PONTE VEDRA, FL 32082

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SIMONE, CARL
STREET ADDRESS	527 LAKE ROAD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	THORNWELL, JIM T
STREET ADDRESS	663-A PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA, FL 320040136
TITLE	D
NAME	COLLINS, ALVIN
STREET ADDRESS	17 BUFFALO PLAINS
CITY-ST-ZIP	PALM COAST, FL 321379458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80037-003 70.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #