

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45406

FILED
Apr 10, 2009
Secretary of State

Entity Name: DAISY ADAMS CENTER, INC.

Current Principal Place of Business:

1735 ST RD 16
SUITE 2
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1735 ST RD 16
SUITE 2
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3097694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONE, CARL
527 LAKE ROAD
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SIMONE, CARL
Address: 527 LAKE ROAD
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: THORNWELL, JIM T
Address: 683-A PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA, FL 320040136

Title: D () Delete
Name: COLLINS, ALVIN
Address: 17 BUFFALO PLAINS
City-St-Zip: PALM COAST, FL 321379458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL SIMONE

PC

04/10/2009

Electronic Signature of Signing Officer or Director

Date