FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # N47946 (1)

JOSEPH S. COPPOCK DAY CARE CENTER, INC.

FILED 95 MAY -1 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Address	Mailing Address
6910 NEW KINGS RD 6910 NEW KINGS RD JACKSONVILLE FL 32219 US	6910 NEW KINGS RD 6910 NEW KINGS RD JACKSONVILLE FL 32219 US

3. Date Incorporated or Qualified: 03/16/1992

3a. Date of Last Report: 04/14/1994

4. FEI Number: 59-3120794 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. [illegible] [ ] — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [ ] No

2. 21 — 2a. Mailing Address 26

22 — 27

23 — 28

24 — 25 — 29 — 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PROCTOR, JAMES M. 6910 NEW KINGS RD. JACKSONVILLE FL 32219-3865	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *James M. Proctor* [illegible date]

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WILLIAMS, JAMES L.
STREET ADDRESS	1840 FRANCIS ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV
NAME	GUY, DORIS
STREET ADDRESS	7901 BAYMEADOWS WAY, #3
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DS
NAME	BERRIAN, QUEEN
STREET ADDRESS	11097 BLUE ROAD COURT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DT
NAME	CLARK, DENNY
STREET ADDRESS	3548 JAMESTOWN LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	WASHINGTON, MARIAN
STREET ADDRESS	3558 ROGERO RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	WILLIAMS, LENNY
STREET ADDRESS	220 E. BAY ST., #1300
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 607, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* [illegible handwritten name]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0001001