FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000843 (4)

1. Corporation Name

FIRST DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
425 W UNIVERSITY AVE GAINESVILLE FL 32601	425 W UNIVERSITY AVE GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3157475 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROUCH, T A
113 NE 16TH AVE
GAINESVILLE FL 32601

900001486579
-05/12/95--01124--003
*****61.25 *****61.25

10. Name and Address of New Registered Agent

81 Name: Summerhill, William R.
82 Street Address (P.O. Box Number is Not Acceptable): 4001 S.W. 78th St.
83
84 City: Gainesville FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PT	☒ Change ☐ Addition
NAME	HARRIS, JO ELLA	12 NAME	Summerhill, William R	
STREET ADDRESS	5401 NW91 BLVD.	13 STREET ADDRESS	4001 SW 78th St	
CITY-ST-ZIP	GAINESVILLE FL 32602	14 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	21 TITLE	VT	☒ Change ☐ Addition
NAME	SUMMERHILL, FAYE	22 NAME	Gable, E.E.	
STREET ADDRESS	4001 SW 78TH ST	23 STREET ADDRESS	1638 NW 12th RD	
CITY-ST-ZIP	GAINESVILLE FL 32608	24 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	31 TITLE	T	☒ Change ☐ Addition
NAME	PAYNE, CHERRY	32 NAME	Waldo, Myrtice R	
STREET ADDRESS	8018 SW 42ND AVE	33 STREET ADDRESS	P.O. Box 140773	
CITY-ST-ZIP	GAINESVILLE FL 32608	34 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	41 TITLE	S	☒ Change ☐ Addition
NAME	STARLING, MARLENE	42 NAME	Crouch, T. Allen	
STREET ADDRESS	6283 LITTLE LAKE GENEVA RD	43 STREET ADDRESS	2516 NW 19 Way	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	44 CITY-ST-ZIP	Gainesville, FL.	
TITLE	D	51 TITLE	T	☒ Change ☐ Addition
NAME	WOOD, SARA	52 NAME	Bennett, Bobby R.	
STREET ADDRESS	7826 SW 37TH PL	53 STREET ADDRESS	4925 SW 19th St.	
CITY-ST-ZIP	GAINESVILLE FL 32608	54 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	BUSH, FAYE	62 NAME	None	
STREET ADDRESS	3312 NW 36TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606-1513	64 CITY-ST-ZIP	T.C.S. 5/11/95	

14. I do 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 annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

000853